SunCountry
HEALTH REGION

Annual Report
2011-12

Healthy
People
in Healthy
Communities

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Letter of Transmittal

July 13, 2012

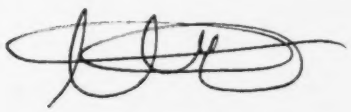
The Honourable Dustin Duncan,
Minister of Health

Dear Minister Duncan,

The Sun Country Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2011-12 annual report. This report outlines the activities and accomplishments of the Region and provides the audited financial statements for the year ended March 31, 2012.

The Sun Country Regional Health Authority was pleased to participate in the new, province-wide process of strategic planning. We believe the inclusion of all staff members in the planning process will help us reach the goals of Better Health, Better Care, Better Teams and Better Value. Over the long term, this transformation of the entire health care system will benefit all residents of the province.

Respectfully submitted,



Marilyn Charlton,
Chairperson
Sun Country Regional Health Authority

Introduction

This annual report presents the Sun Country Regional Health Authority's activities and results for the fiscal year ending March 31, 2012. It reports on public commitments made and other key accomplishments of the RHA.

The mandate of Sun Country Regional Health Authority (SCRHA) is to provide quality health services to the residents of South East Saskatchewan. SCRHA is accountable to the Minister of Health for the planning, organization, delivery and evaluation of health services provided within the Sun Country Health Region (SCHR). The Regional Health Authority uses the operating name of Sun Country Health Region.

The vision of this Region is to continue to build a region of healthy people and communities, while providing a range of effective, comprehensive, and equitable services. SCHR operates with the highest standard of care, using evidence-based research and guidelines to deliver that care.

Realizing the Region's vision of Healthy People in Healthy Communities requires a good understanding of the residents' health status and the many factors that influence health. The health status of the Sun Country Health Region is generally positive.

Alignment with Strategic Direction

Sun Country Health Region goals are identical to those of the Saskatchewan Ministry of Health, to which it reports. All of SCHR's activities and direction mesh with the goals created by the Ministry of Health as the means to meet its mandate. SCHR has a stated Vision, Mission and set of Goals that guide its work:

Strategic Focus	1. HEALTH OF THE INDIVIDUAL	2. HEALTH OF THE POPULATION	3. PROVIDERS	4. SUSTAINABILITY
Goals	1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations	2.1 Improve population health through health promotion, protection and disease prevention	3.1 Work together to build a workplace that supports the adoption of both patient- and family-centered care and collaborative practices (*NEW GOAL*)	4.1 Achieve best value for money while improving the patient experience and population health (*NEW GOAL*)
	1.2 Achieve timely access to evidence-based and quality health services and supports	2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities	3.2 Work together to create safe, supportive and quality workplaces	4.2 Improve transparency and accountability through measurement and reporting (*NEW GOAL*)
	1.3 Continuously improve health care safety in partnership with patients and families		3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers	4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations

5. SUPPORTIVE PROCESSES		
5.1. Benchmark and model world-class high-performing health systems (*NEW GOAL*)	5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies (*NEW GOAL*)	5.3 Leverage technology to achieve improvements in patient care and system performance (*NEW GOAL*)

Vision
Healthy People in Healthy Communities

Mission
Sun Country Health Region works with individuals and communities in partnership to achieve optimal health through the provision of the best (safe, patient and family-centred) health care experience.

Statement of Values

- We value mutual RESPECT, HONESTY AND TRUST.
- We value OPENNESS with our community to create INFORMED DECISION-MAKING.
- We value SOCIAL and ETHICAL RESPONSIBILITY and ACCOUNTABILITY.
- We value PRIVACY, CONFIDENTIALITY and COMPASSIONATE CARE.
- We value a sense of OWNERSHIP among the individuals and communities associated with the mission of the Sun Country Regional Health Authority.
- We value our STAFF, PHYSICIANS and VOLUNTEERS as our MOST VALUABLE RESOURCE.
- We value the pursuit of SAFETY, QUALITY and EXCELLENCE in health care.

RHA Overview

Sun Country Health Region (SCHR) covers the southeast portion of Saskatchewan, Canada from the Manitoba border to the U.S. Border, encompassing serene prairie and park land. The Region covers 33,239 square kilometres.

Overview of Facilities and Programs

SCHR operates 28 facilities and 38 community-based health programs for the 56,000 people in this Region, with 2,400 staff members.

Long Term Care Centres

- Estevan Regional Nursing Home
- Moose Mountain Lodge (Carlyle)
- New Hope Pioneer Lodge (Stoughton)
- Sunset Haven (Carnduff)
- Tatagwa View (Weyburn)
- Weyburn Special Care Home
- Willowdale Lodge (Kipling)

Community Health Services

- Carlyle Community Health
- Weyburn Community Health
- Kipling Community Health

EMS Stations

- Bengough
- Carlyle
- Carnduff
- Coronach
- Estevan
- Fillmore
- Kipling
- Lampman
- Maryfield
- Oxbow
- Pangman
- Radville
- Redvers
- Stoughton
- Wawota
- Weyburn

Health Centres

with Long-term Care facilities

- Bengough Health Centre
- Coronach & District Health Centre
- Fillmore Health Centre
- Gainsborough Health Centre
- Galloway Health Centre (Oxbow)
- Lampman Health Centre
- Mainprize Manor & Health Centre (Midale)
- Radville Marian Health Centre
- Wawota Memorial Health Centre

Community Health Centres

- Maryfield Health Centre
- Pangman Health Centre

District Hospitals

- St. Joseph's Hospital of Estevan
- Weyburn General Hospital

Community Hospitals

- Arcola Health Centre
- Kipling Health Centre
- Redvers Health Centre

Inpatient Mental Health Unit

- Tatagwa View

Programs and Services

SCHR provides a complex array of community programs and services including:

- Acquired Brain Injury Programs
- Acute Care
- Addiction Services
- Adult Community Mental Health Services
- Alternatives to Violence Programs
- Autism Program
- Child and Youth Mental Health Services
- Communicable Disease Control
- Community Dietitian Programs
- COPS (Community Oncology Program of Saskatchewan)
- Dental Health Program
- Diabetes Program
- Population Health
- Home Care
- Immunization Programs
- Infection Control
- Injury Prevention Program
- Inpatient Mental Health
- Long Term Care
- Meals on Wheels
- Mental Health Home Care
- Mental Health Rehabilitation Services
- Mental Health Therapies Program
- Nutrition Program
- Palliative Care Program
- Parent Program
- Physiotherapy and Occupational Therapy
- Podiatry
- Primary Health Care services
- Psychiatry
- Public Health Inspection
- Public Health Nursing
- Respite Services
- Renal Program/Dialysis, CRI
- Speech Language Pathology (Child/Adult)
- Volunteer Program
- Wellness Clinics
- Wound Care

Health Care Organization Relationships

SCHR funds Health Care Organizations (HCOs) to enhance or add to services provided. In most cases, HCOs complement the continuum of care for Regional residents and community-based services. They play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with SCHR goals, and are accountable through program and budget submissions, regular fiscal reporting, and annual audited financial reporting.

SCHR provides operating funding to the following Health Care Organizations, in accordance with budget amounts approved annually:

- **SMILE Services in Estevan** (Society for Maintaining and Improving Life in Estevan) - programming and support to young children, youth, individuals with challenging needs, seniors and low income families, with a focus on employment, quality housing and social acceptance of persons diagnosed with mental illness in the community.
- **Weyburn Group Home Society** - encourages employment, obtains quality housing and promotes the integration and acceptance of persons diagnosed with mental illness in the community.
- **Canadian Mental Health Association** - Community Resource Centre in Weyburn and prevocational programs to assist with the personal growth, support, community integration and re-entry into the work force of persons with mental illness.
- **Fillmore Ambulance Services**
- **Supreme Ambulance, Carlyle**

SCHR has a close working relationship and operating agreements with the following three Affiliate organizations:

- **St. Joseph's Hospital in Estevan** - 53 acute care beds, 34 long term care beds and 4 beds for convalescent, respite and palliative care.
- **Radville Marian Health Centre in Radville** - 49 long term care beds, three beds for convalescent, respite, palliative care, observation and assessment.
- **Sunset Haven in Carnduff** - 39 long term care beds, one bed for convalescent, respite and palliative care

Governance

The role of SCRHA is to govern the organization to fulfill the Mission and Vision of the organization.

The Regional Health Authority is responsible to uphold its fundamental principles and values and to determine organizational performance based on satisfactory outcomes.
Collectively, the job of SCRHA, which cannot be delegated, is to:

- Provide accountability to the residents for SCRHA activities.
- Provide the link between the organization and the community.
- Provide SCRHA highlights to the public following regularly scheduled meetings.
- Hold open RHA meetings for public attendance.

SCRHA will:

- Focus chiefly on intended long term impacts on the community outside the organization, not on the administrative or programmatic means of attaining those effects.
- Direct, control and inspire SCRHA through the careful deliberation and establishment of the broadest organizational values and perspectives. Policies will address:
    - the desired results;
    - the boundaries of prudence and ethics;
    - SCRHA roles and responsibilities and the Board-CEO relationship.
- Enforce upon itself and its members whatever discipline is needed to govern with excellence.
- Discipline will apply to matters such as attendance, policy-making principles, respect of clarified roles, speaking with one voice, and self-policing of any tendency to stray from governance adopted in SCRHA policies.
- Be accountable to the general public for competent, conscientious, and effective implementation of its obligations as a body. It will allow no officer, individual or committee of the SCRHA to usurp this role or hinder this commitment.
- Initiate policy, not merely react to initiatives.
- Monitor and regularly discuss the RHA's process or performance. Provide continuity of its governance by continuing education and development.
- Use the expertise of individual members to enhance the ability of the SCRHA as a body to make policy, rather than to substitute the individual's values for the group's values.

Sun Country Regional Health Authority

SCRHA consists of up to 12 individuals from various communities within the SCHR who are appointed by the provincial government.

The following members were appointed from 2009 to 2012: **Sharon Bauche, Chair; Marilyn Charlton, Vice-Chair; Alan Arthur; Lori Carr; Vernon Palmer; Derrell Rodine; Darlene StandingReady; Karen Stephenson; Eileen Tunall.**

New members appointed in May 2012 are: Marilyn Charlton, Chair; Lori Carr, Vice Chair; Alan Arthur; Sharon Bauche; Robert Brickley; Vernon Palmer; Derrell Rodine; Gary St. Onge; Karen Stephenson; Audrey Trombley.

Committee Structure

The committees of the RHA exist to assist in decision-making to carry out their responsibilities. The RHA has three standing committees: the Committee of the Whole, the Governance, and Human Resources Committee, the Finance and Audit Committee. The Finance and Audit Committee oversees the management of all funds, in accordance with Saskatchewan Government guidelines and Generally Accepted Accounting Principles and auditing procedures and ensures that reporting requirements and public disclosure is adhered to in accordance with relevant legislation.

The President/CEO or designate provides administrative support to facilitate the work of the Committee. Minutes of the meeting are distributed to all members of the RHA. Minutes of the meeting are maintained with RHA minutes. The committees report to the RHA by submitting minutes for approval.

Public Transparency
Maintaining public transparency is a process that is ongoing. Significant achievements include:

- Community Leadership Network, made up of the SCRHA and community leaders such as elected municipal officials, to meet twice each year, beginning in the spring of 2012.
- Development of strategies to provide regular and timely communication to the staff and the public through the Communications Department.
- Various presentations to staff and community groups about the organization and services offered.
- Access to the annual report, online and in hard copy.
- Meeting with community groups to discuss issues on a regular basis and provide education on services that are available.
- Regular meetings of the Regional Health Authority (RHA) are open to the public.

What We Do

A key role of SCRHA is to ensure strategic oversight by providing leadership that includes monitoring the performance of the organization. SCRHA ensures the organization's strategic direction is consistent with the goals of the Ministry of Health and that performance measurement processes are in place to meet expectations in the Strategic Plan and Accountability Document.

Standards of Conduct, Ethics and Values

SCHR operates within high standards of care, ethics and values. This high standard requires a continuous evaluation of programs and operations:

- SCHR employs staff members who follow Regional policies and Professional Codes of Ethics. All professional staff/physicians meet current registration requirements with their licensing bodies.
- Our values are evident in our staff, physicians and volunteers, who are our most valuable resource.
- We continue to affirm our commitment to meeting standards of excellence by participating in the Accreditation Canada process for health services organizations by comparing ourselves to nationally accepted standards.
- SCHR's insistence on client privacy and confidentiality means it has worked hard to implement the changes required to be compliant with the Health Information Protection Act (HIPA).
- SCHR's management philosophy promotes collaborative decision-making and co-operation, enabling staff at all levels to perform their jobs to the fullest with responsibility, accountability and authority.

Health Advisory Networks

SCHR has established working relationships with community-based committees such as Community Foundations, Community Trust Committees, and Community Health Advisory Committees to accomplish the activities envisioned for the Health Advisory Networks.

SCHR has built relationships with such organizations as the following:

- Bengough Health Advisory Committee
- Borderline Housing Company (1975) Inc.
- Coronach Health Advisory Committee,
- Coronach Health Foundation
- The Radville and District Health Centre Foundation
- Fillmore Community Health Advisory Committee
- Fillmore Health Centre Trust Committee
- Gainsborough & Area Health Centre Trust Committee
- Galloway Trust Committee
- Golden Years Suites
- Kipling District Health Foundation
- Lampman Community Health Centre Trust Committee
- Mainprize Manor & Health Centre Trust Committee
- Maryfield Community Non-Profit Corporation
- Moose Mountain Lodge Foundation
- Pangman Health Advisory Committee
- Radville Marian Health Centre Board of Directors
- Redvers & District Community Health Foundation Inc.
- St. Joseph's Hospital Foundation
- St. Joseph's Hospital in Estevan Board of Directors
- Wawota Health Care Foundation Inc.
- Weyburn and District Hospital Foundation Inc.
- Hearthstone Community Campaign Committee, Estevan
- Numerous local recruitment committees.

Demographics

Selected Demographic Indicators

There are a number of demographic factors that influence both the health status of residents and service delivery in the Sun Country Health Region:

- **Increasing population**

There are 56,529 individuals residing in the Sun Country Health Region (2011 covered population) accounting for 5.2 per cent of the provincial population. The SCHR population increased 4.4 per cent from 2009 while the province of Saskatchewan experienced an increase of 4.6 per cent over the same time period (see Table 1).

In 2010, the projected population for the region in 2015 was 56,391 (Saskatchewan Ministry of Health, 2010). The current population of the Region exceeds that population estimate by over 100 residents.

Key Facts:

- Between 2006 and 2011, the population of SCHR increased by 7.1 per cent.
  - The provincial population increased by 8.1 per cent over the same time period.
- The 2010 SCHR population is four per cent lower than the peak population of 58,635 in 1999.
- Males make up 51 per cent of the Region's population.

(Source: Saskatchewan Ministry of Health Covered Population Historical Records)

- **Older and aging population**

In 2011, 42.8 per cent of the SCHR population was over 45 years of age, compared to 40.5 per cent for the province.

Over the last six years, the 45 to 64 year age group has remained the group with the largest population, followed closely by the 25 to 44 age group bracket (see Figure 2).

The elderly population over the age of 65 increased slightly by 0.4 per cent in 2011 from 2010 (see Table 2).

Table 1 - SCHR and Saskatchewan Total Population Comparison, 2009-2011

Covered Population	2009	2010	2011	Change (2010 to 2011)	Percent Change (2010 to 2011)
Saskatchewan	1,036,284	1,070,477	1,084,127	13,650	1.28%
SCHR	54,138	55,144	56,529	1,385	2.51%

Source: Saskatchewan Ministry of Health Covered Population 2011

Key Fact:

16 per cent, or 9,185, of SCHR's population is over the age of 65.

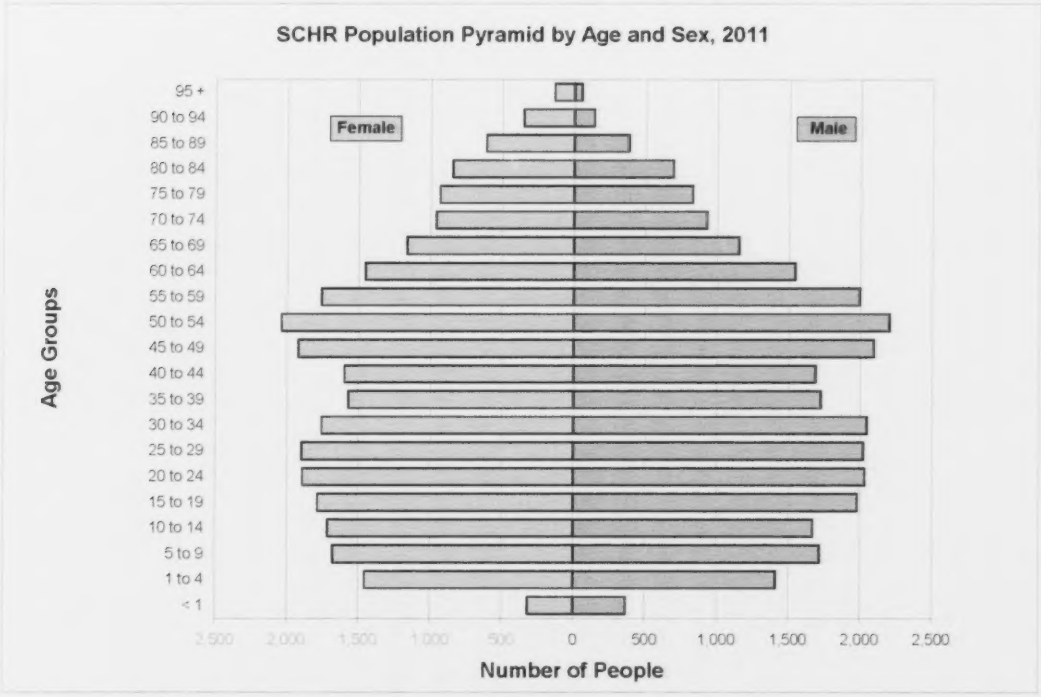


Figure 1: SCHR Population Pyramid, 2011
Source: Saskatchewan Ministry of Health Covered Population 2011

The population in the 45 to 54 age group declined only slightly from 8,297 in 2010 to 8,258 in 2011 but is expected to decline further in the next couple of years. The projected population for 2012 is 7,286 and 6,553 for 2020.

Table 2 - SCHR and Saskatchewan Elderly Population Comparison, 2009-2011

Elderly Population Over 65 Years of Age	2009	2010	2011	Change (2010 to 2011)	Percent Change (2010 to 2011)
Saskatchewan	150,276	152,385	156,996	4,611	3.03%
SCHR	9,175	9,148	9,185	37	0.40%

Source: Saskatchewan Ministry of Health Covered Population 2011

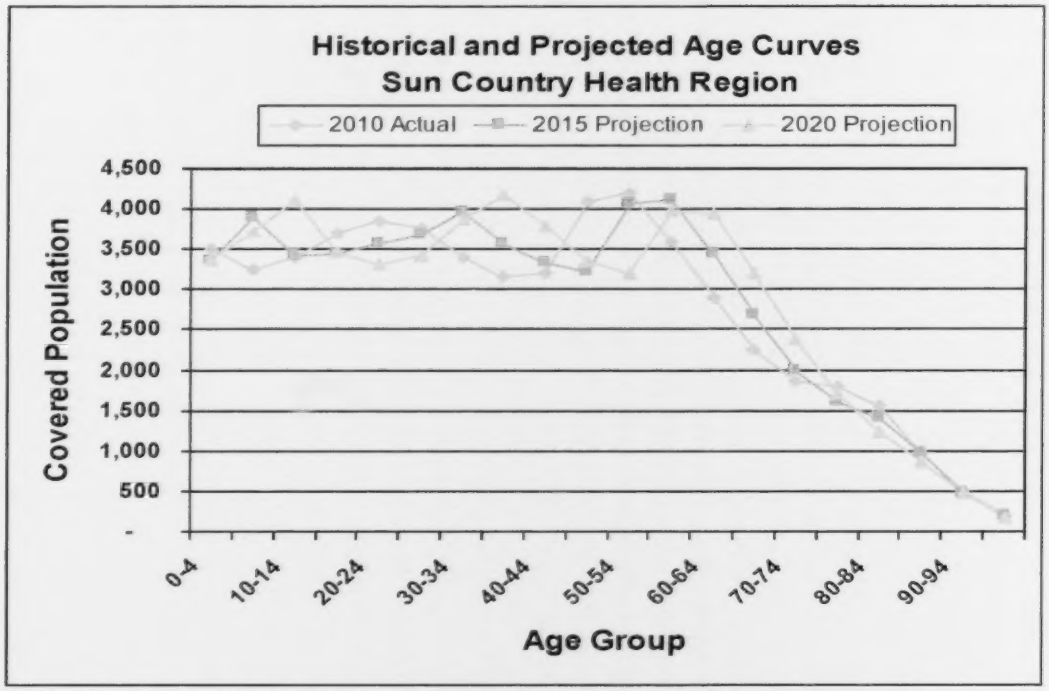


Figure 2: SCHR Historical and Projected Age Curves, 2010, 2015, and 2020
Source: Saskatchewan Population Projections 2015 to 2030, Saskatchewan Ministry of Health

- **Declining youth population**

In 2011, the proportion of the population in the 5 to 14 year age group declined to 12% (by 0.6 per cent) from 12.6 per cent in 2006, although the population increased by 150 children for this age group. The proportion of the 15 to 24 year age group population declined by 0.2 per cent, (13.6 per cent of population in 2011 from 14.2 per cent in 2006). There was an increase in this age group by 169 people.

Key Fact:

- 18.3 per cent of SCHR's population is less than 15 years of age.
- 18.9 per cent of Saskatchewan's population is less than 15 years of age.

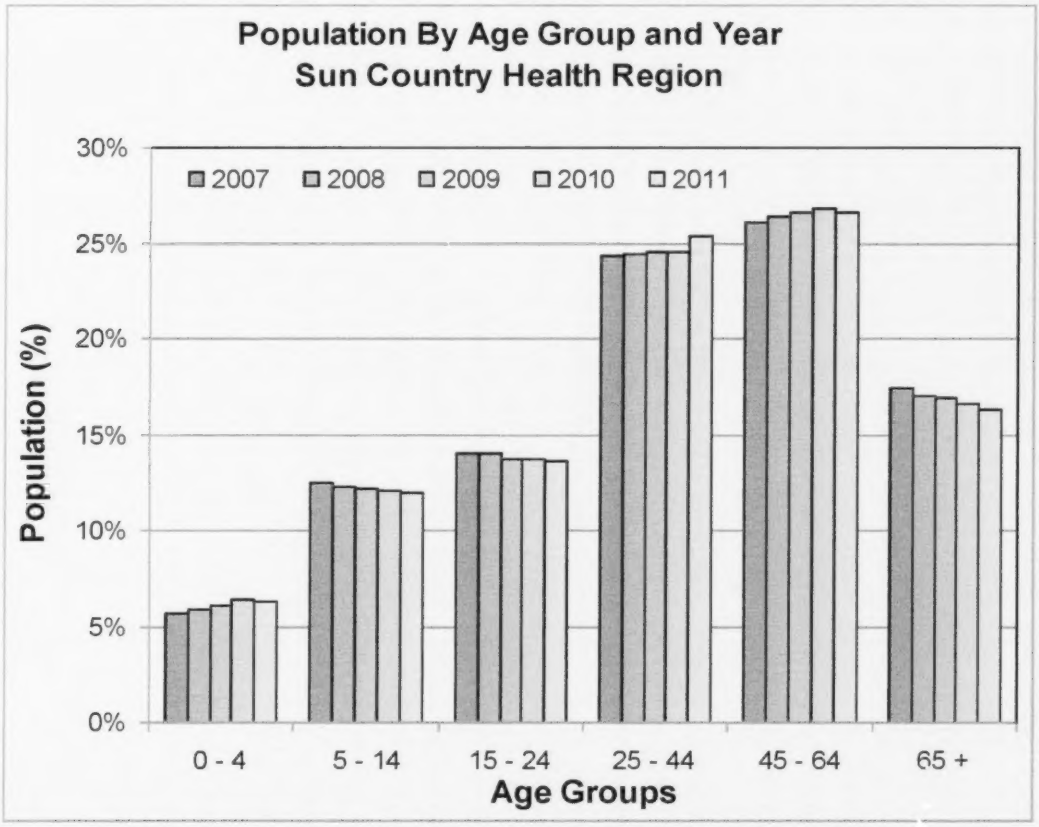


Figure 3: SCHR Population by Age Group and Year, 2007 to 2011
Source: Saskatchewan Ministry of Health Covered Population 2011

- **Widely dispersed population**

Travel for health services (particularly for specialized services but also for primary care services) in Sun Country Health Region is often required with our widely dispersed population.

- **Primarily rural with two small urban centres (Weyburn and Estevan)**

Forty-two per cent of SCHR residents live in the Region's two cities and the remaining 58 per cent live in rural areas such as towns, villages, and on farms within the rural municipalities (see Table 3 and Figure 4).

Key Fact:

58 per cent of the SCHR population lives in rural locations.

Table 3 - SCHR and Saskatchewan Population Comparison, 2011

Covered Population 2011	Saskatchewan (%)	SCHR (%)
Cities	59%	42%
Towns	18%	30%
Villages	9%	13%
RMs	8%	14%
Reserves	6%	2%
Total	100%	100%

Source: Saskatchewan Ministry of Health Covered Population 2011

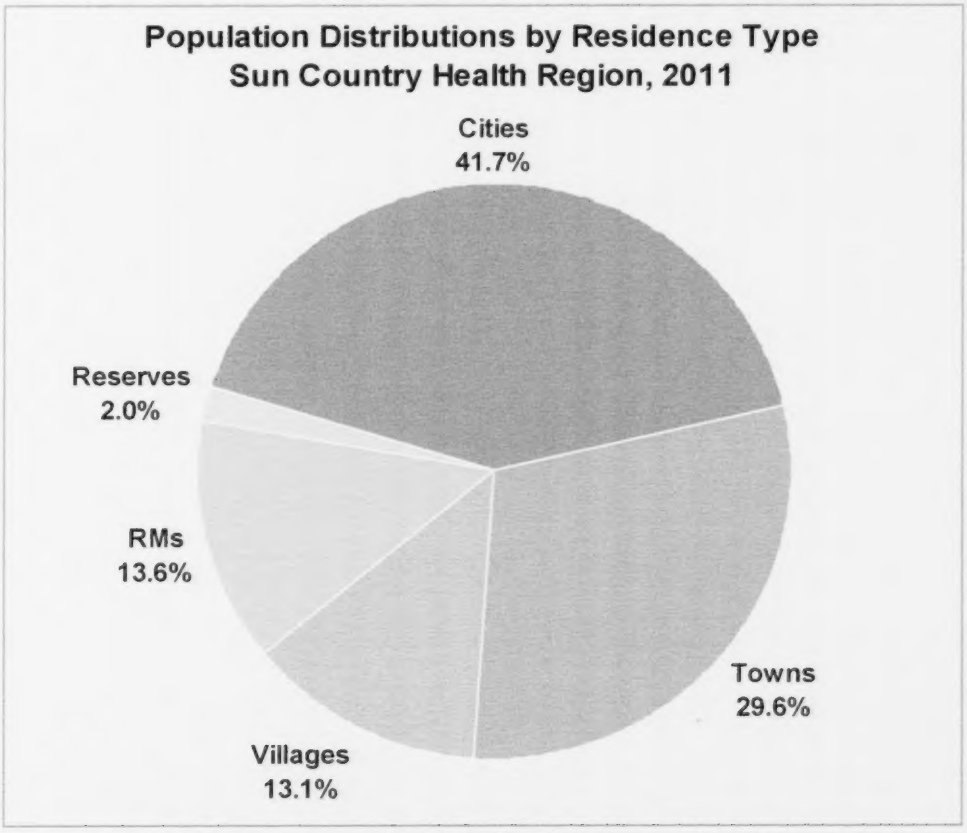
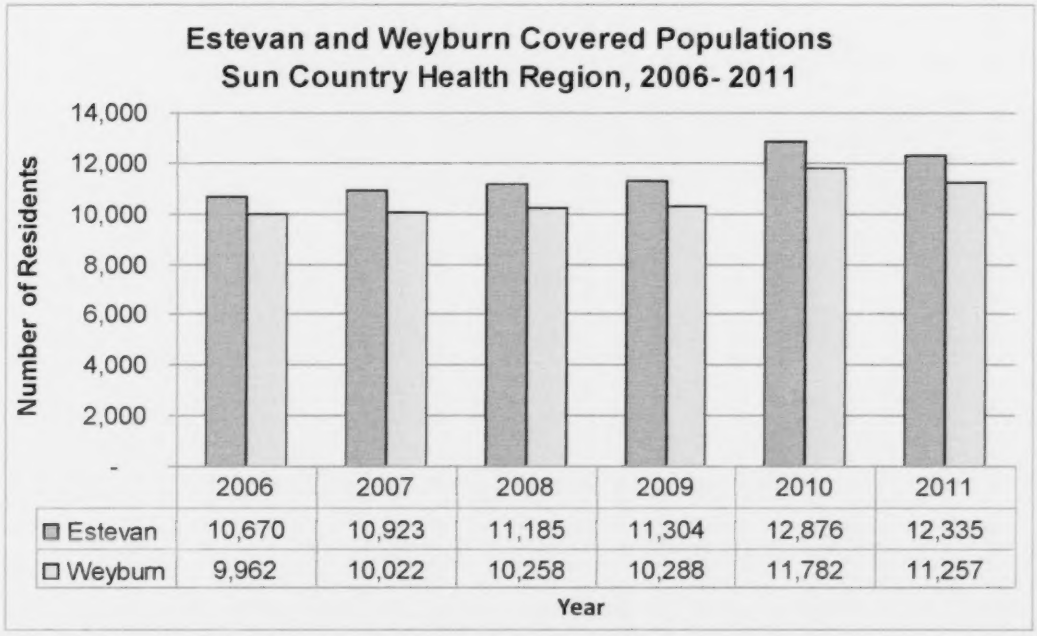


Figure 4: SCHR Population Distributions by Residence Type, 2011
Source: Saskatchewan Ministry of Health Covered Population 2011

The 2011 City of Weyburn population was 11,257 while the City of Estevan population was 12,335.

The population of Estevan increased by 1,665 from 2006-2011 and the population of Weyburn increased by 1,295 in the same time period. Despite that over-all increase, the population of both cities dropped in the period 2010-11 from the year before. Estevan's dropped by 4.5 per cent and Weyburn by 4.2 per cent, from the year 2010.

Table 4: SCHR City Population Comparison, 2006-2011



Source: Saskatchewan Ministry of Health Covered Population 2011

- **Three First Nations Communities in SCHR**

There are three First Nations communities in SCHR – White Bear First Nation, Ocean Man First Nation, and Pheasant Rump Nakota First Nation. The total population residing in these three communities is 1,120, with 1,099 of these individuals being Registered Indians.

Key Facts:

- The over-all population of Registered Indians in SCHR (on- and off-reserve) was 1,290 for 2011.
- Registered Indians comprise 2.3 per cent of SCHR population compared to 10 per cent of the Saskatchewan population.

The Dependency Ratio is used to indicate the capacity of the working age population to support the more vulnerable populations (those less than 20 years of age and the elderly). Areas with high dependency ratios tend to be economically stressed as there are more people dependent relative to those people earning a wage.

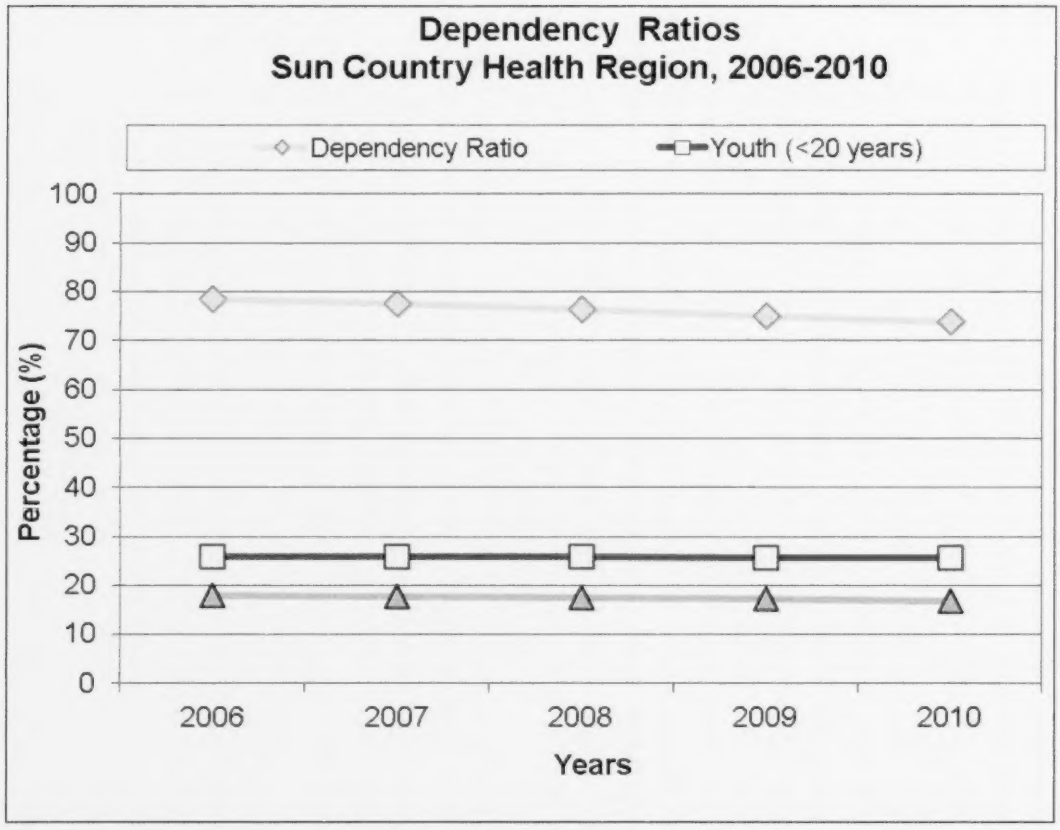


Figure 5: SCHR Dependency Ratios, 2006-2010
Source: Statistics Canada, Demography Division, Table 109-5226

The dependency ratios for SCHR declined from 78.6 per cent in 2006 to 73.9 per cent in 2010. The dependency ratios for Saskatchewan during the same time period declined from 72.4 per cent to 68.6 per cent.

Key Fact:

For 2010, the dependency ratio for SCHR and Saskatchewan were 73.9 per cent and 68.6 per cent respectively. Both ratios are higher than the Canadian ratio (59 per cent).

As shown in Figure 5, the decline indicates that there is likely an improved capacity for the working age population to support the other members of the Region economically. The older and aging population in the Region may contribute to future demands for a younger work force to provide services to seniors. At present, informal social support networks are vital and abundant in the Region but it may be increasingly difficult for those remaining in these sparsely-populated, rural areas to provide informal supports such as recreational opportunities/facilities, care for aging parents, child care, parenting support, emotional support, and other support.

Health Status

of Sun Country Health Region Residents

Generally, the health status of Sun Country Health Region is positive and many of the SCHR health status indicators are similar to Saskatchewan's health status indicators.

Selected Health Status Indicators

- **Life Expectancy**

In 2007, the life expectancy at birth in SCHR is 77.9 years for males and 83.2 years for females. This is higher than the provincial figure of 76.9 years for males and 82.0 years for females. The Canadian life expectancy is 78.3 years for males and 83.0 years for females.

Life expectancy at age 65 years for SCHR is 20.3 years which is higher than the Saskatchewan life expectancy of 19.6 years (Statistics Canada, Canadian Vital Statistics, 2005/2007).

- **Infant Mortality**

Historically, the infant mortality rate (IMR) in Sun Country has been comparable to that of the province (see Figure 6). The rates vary significantly because of the small number of cases per year.

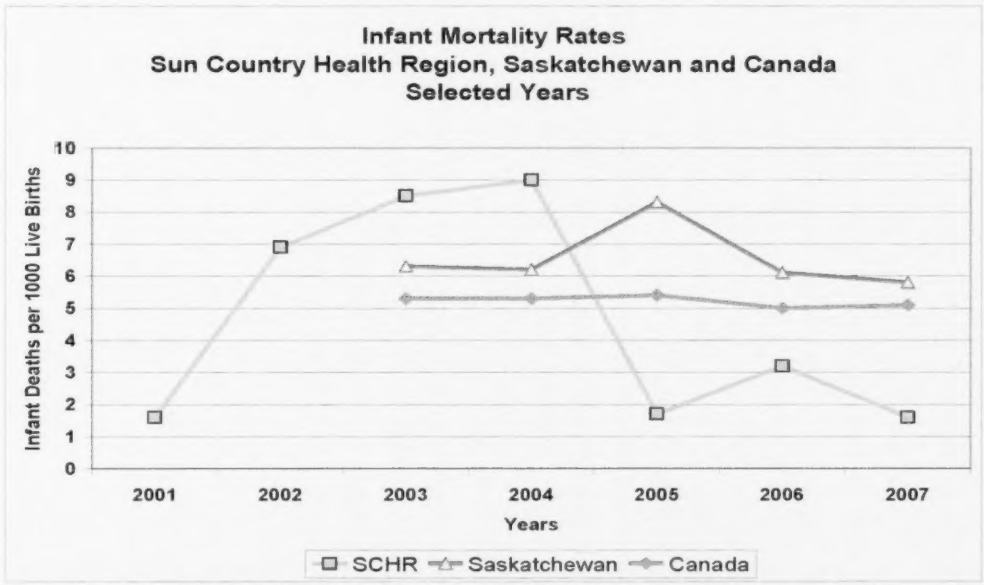


Figure 6: Infant Mortality Rates for SCHR, Saskatchewan and Canada, 2001 to 2007

Sources:

- Saskatchewan Prevention Institute; Infant Mortality in Saskatchewan: Evidence to Inform Public Health Practice; Appendix D; February 2009
- Statistics Canada, CANSIM, table 102-0504 and Catalogue no. 84F0211X

The Saskatchewan Infant Mortality Rate for 2005 to 2007 was 6.3 per 1,000 live births while the national rate was lower at 5 (Statistics Canada, Vital Statistics, Birth and Death Databases).

- **Low Birth Weight**

The 2005/2007 low birth weight rate (per 100 live births) in Sun Country Health Region was 5 per 100 live births compared to 5.6 for Saskatchewan (Statistics Canada, Vital Statistics, 2005/2007).

Between 1999-2001 and 2002-2004, the low birth weight rate in Sun Country Health Region rose from 4.3 to 5.5 per 100 live births.

- **Leading Causes of Death**

Circulatory diseases (162.9 per 100,000) and ischemic heart diseases (81.9 per 100,000) are the leading causes of death in the Sun Country Health Region. Similarly, Saskatchewan had 176.4 per 100,000 people die of circulatory diseases and 91.3 per 100,000 people died of ischemic heart diseases. Respiratory diseases were responsible for 41.2 per 100,000 of the deaths in SCHR and 47.4 per 100,000 in the province (Statistics Canada 2005/2007).

- **Chronic Diseases**

Cardiovascular Disease (CVD):
Risk factors for cardiovascular and cerebrovascular disease include unhealthy diet, physical inactivity, and tobacco use. Behavioural risk factors are believed to be responsible for about 80 per cent of coronary heart disease and cerebrovascular disease. The social determinants of health also have an impact on CVD.

The acute myocardial infarction hospitalization rate in SCHR was 213 per 100,000 population compared to 212 for Saskatchewan.

The stroke hospitalization rate in SCHR was 115 per 100,000 population compared to 127 for Saskatchewan (see Figures 7 & 9).

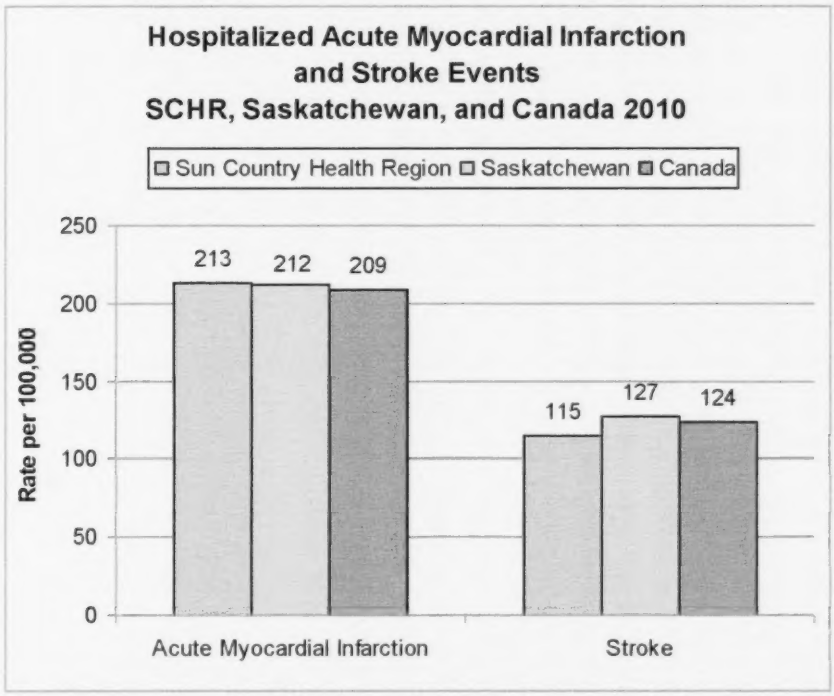


Figure 7: Hospitalized AMR and Stroke Events for SCHR, Saskatchewan and Canada 2010
Source: CIHI, (DAD), April 1, 2009 to March 31, 2010.

Figure 8 shows that 19.1 per cent of residents in SCHR self-report being diagnosed with high blood pressure compared to the provincial rate of 18.2 per cent (Statistics Canada 2009/2010).

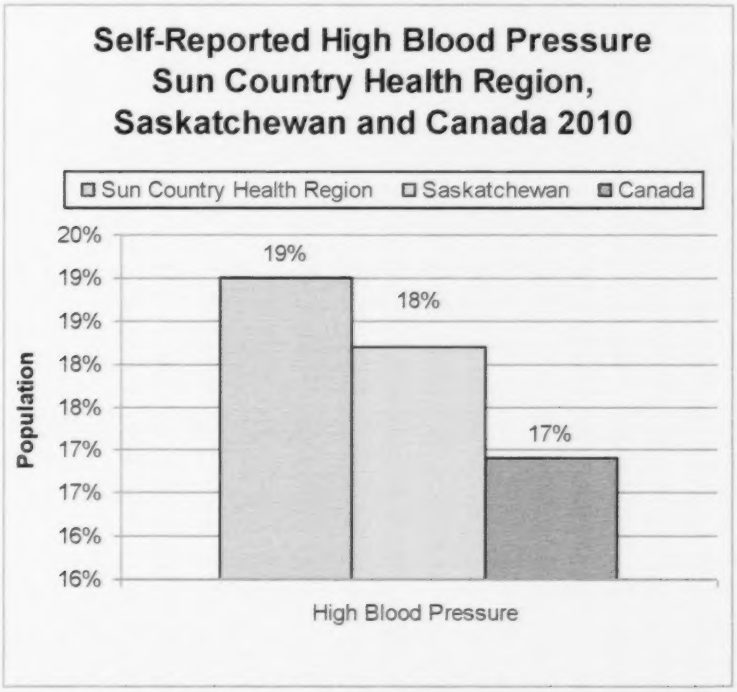


Figure 8: Self-Reported High Blood Pressure for SCHR, Saskatchewan, and Canada, 2010
Source: Statistics Canada, 2010.

Diabetes:
In 2010, 4.5 per cent of SCHR residents were diagnosed with diabetes; this is lower than the provincial rate of 6.4 per cent. In 2009, the number of SCHR residents diagnosed with diabetes had increased to 5 per cent from 4.6 per cent in 2008.

Asthma:
There was a 0.3 per cent decrease in the proportion of residents of SCHR diagnosed with asthma to 8.8 per cent in 2010 from 9.1 per cent in 2008.

The province reported 8.6 per cent and 9 per cent of the population in 2010 and 2009 respectively.

In Canada, there was an increase from 8.1 per cent in 2009 to 8.3 per cent in 2010 (see Figure).

Arthritis:
Rates for SCHR and Saskatchewan were 16.8 per cent and 18.8 per cent respectively in 2010.

The 2009 rates were 17.8 per cent and 18.1 per cent for the Region and province respectively.

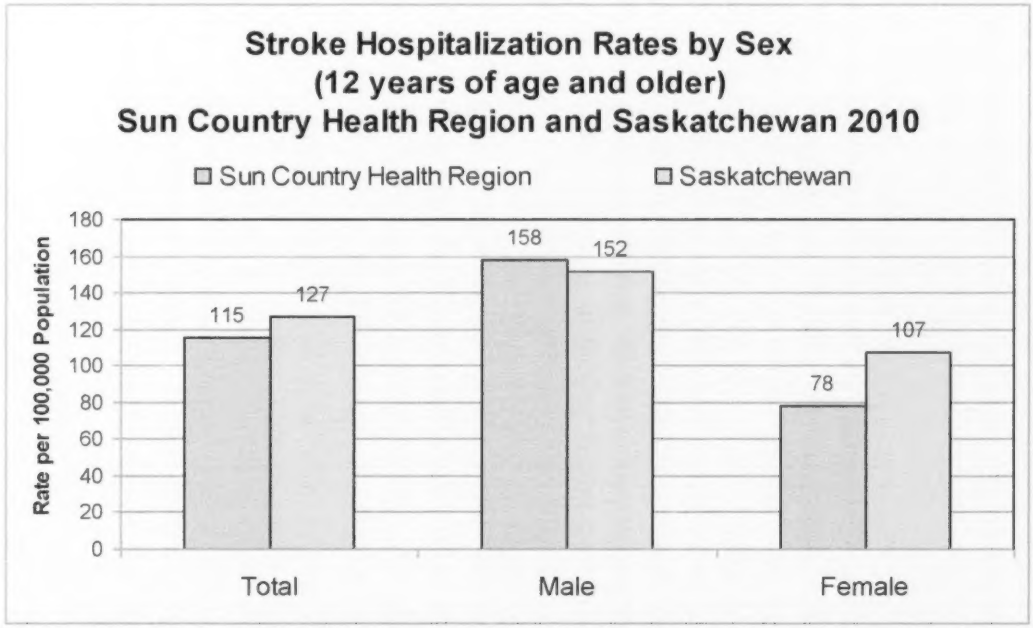


Figure 9: Stroke Hospitalizations by Sex, SCHR and Saskatchewan 2010
Source: Statistics Canada 2009/2010, Health Profile.

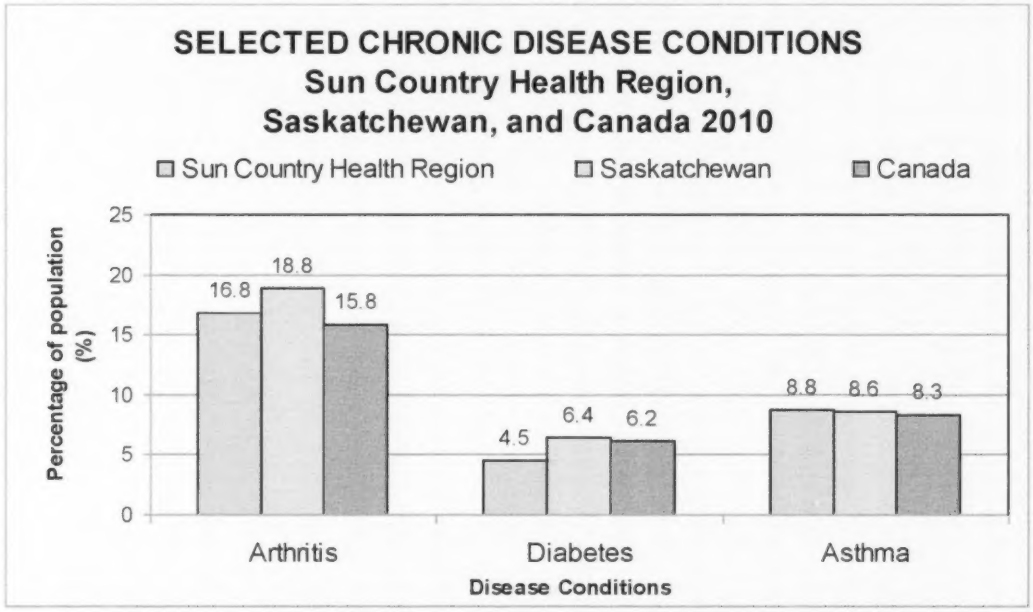


Figure 10: Selected Chronic Disease Conditions for SCHR, Saskatchewan and Canada 2010
Source: Statistics Canada 2009/2010, Health Profile.

- **Percentage of Population who are Overweight or Obese**

Body mass index (BMI) is a method of classifying body weight that can be used for health risk assessment.

In SCHR, the percentage of the adult population identified as overweight (BMI = 25 to 29.99) in 2010 was 35.4 per cent. This is a 4.2 per cent increase from the 2009 rate of 31.2 per cent. The 2010 Saskatchewan rate is 37 per cent which is 0.7 per cent higher than the 2009 rate of 36.3 per cent.

There was a decrease in the proportion of adults reporting obesity (BMI = 30 to 34.99) from 26.1 per cent in 2009 to 25.4 per cent in 2010.

The Canadian rates are 33.9 per cent (overweight) and 18 per cent (obese) for 2010. This is slightly higher than the 2009 rates of 33.7 per cent (overweight) and 17.9 per cent (Obese). (Source: 2010 CCHS, Statistics Canada).

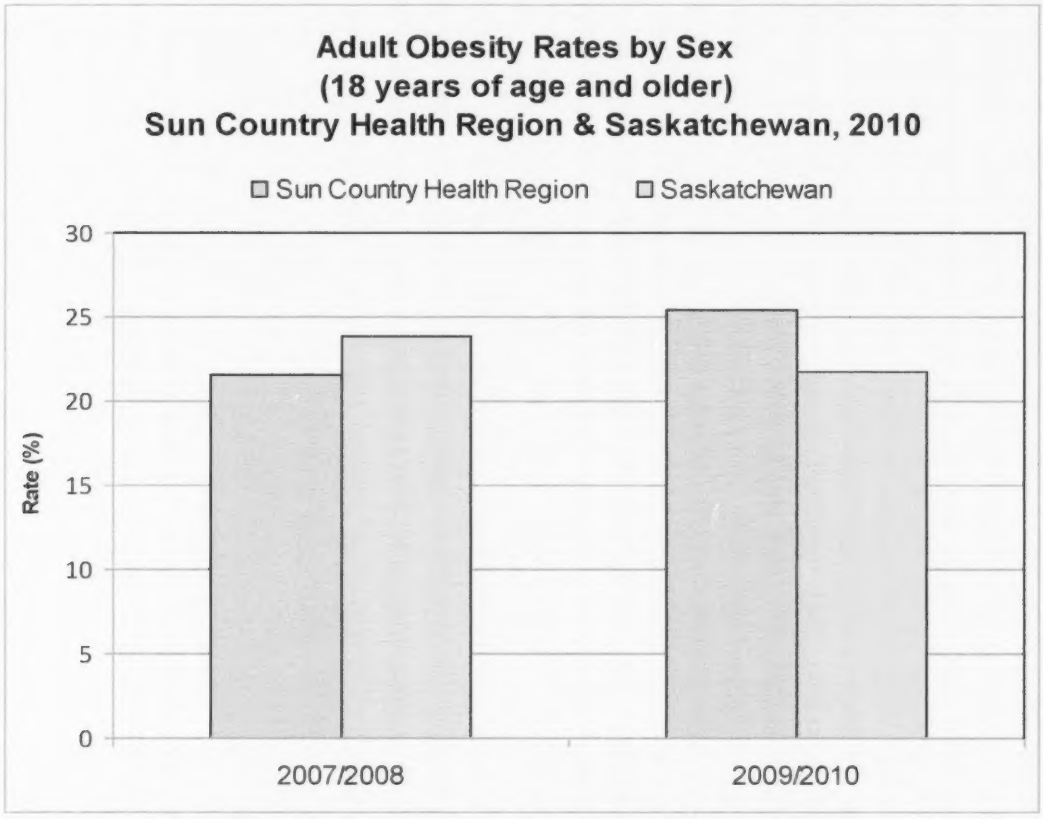


Figure 11: Adult Obesity Rates (BMI = 30 to 34.99) for SCHR and Saskatchewan, 2010

Source: Statistics Canada, CANSIM table no: 105-0502

Community Health in Sun Country Health Region (SCHR) is pursuing a number of initiatives as part of a process to address childhood obesity and the determinants of health that have an impact on body weight.

Public Health Nurses (PHNs) recently implemented the use of the new WHO Growth Charts as part of the routine for the pre-school child health clinics (children 4 years to 6 years of age). This provided the team with an opportunity to collect BMI information in a standardized format.

One of the initial projects developed and implemented, in consultation with Public Health Nursing and Population Health in the fall of 2011, was to establish a baseline for the assessment of obesity using Body Mass Index (BMI) and BMI percentiles (baseline) in children at the pre-school visit. Just under 20 per cent of the total population of four year old children (139 children) in SCHR were assessed.

Table 5 - Growth Status Assessment by Sex – 4-Year Old Children

	Sex		
Growth Status Classification	**Males**	**Females**	**Total**
Risk of Overweight (BMI > 85th percentile)	17.8%	10.6%	14.39%
Overweight (BMI > 97th percentile)	2.7%	7.6%	5.04%
Obesity (BMI > 99.9th percentile)	2.7%	1.5%	2.16%

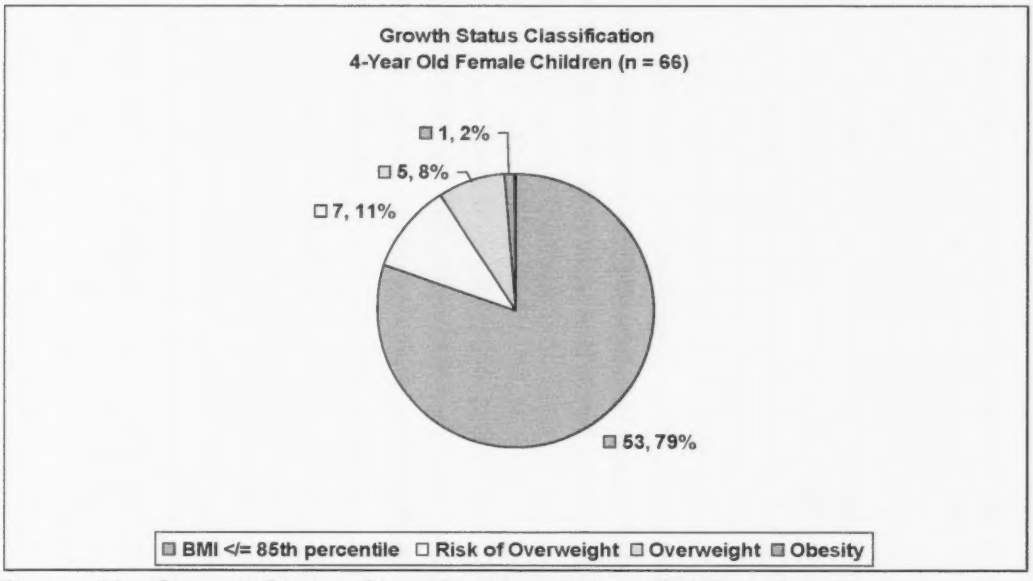


Figure 12: Growth Status Classification 4-Year Old Females

For male children 4 years of age the prevalence of risk of overweight was 17.8 per cent and for female children it was 10.6 per cent. There were seven (7) children classified as overweight and three children had a BMI greater than the 99.9th percentile (obesity).

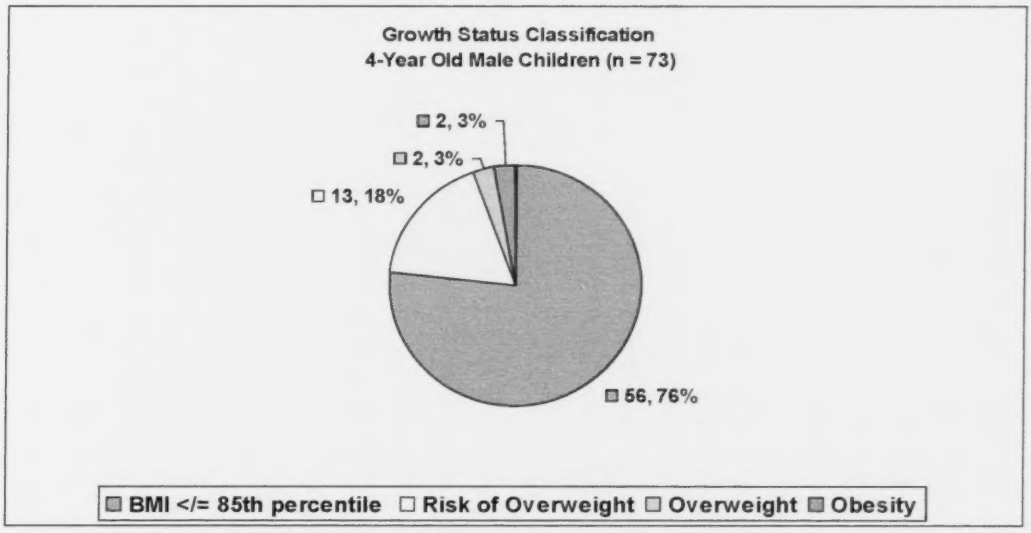


Figure 13: Growth Status Classification 4-Year Old Males

The distribution of calculated BMI by gender for 4-year old children shows the majority (90.6%; n = 126) of the 4-year old children (n=58) had BMIs ranging from 14 to 18. Sixty-seven of the 73 male children and 59 of the 66 female children had a BMI between 14 to 18.

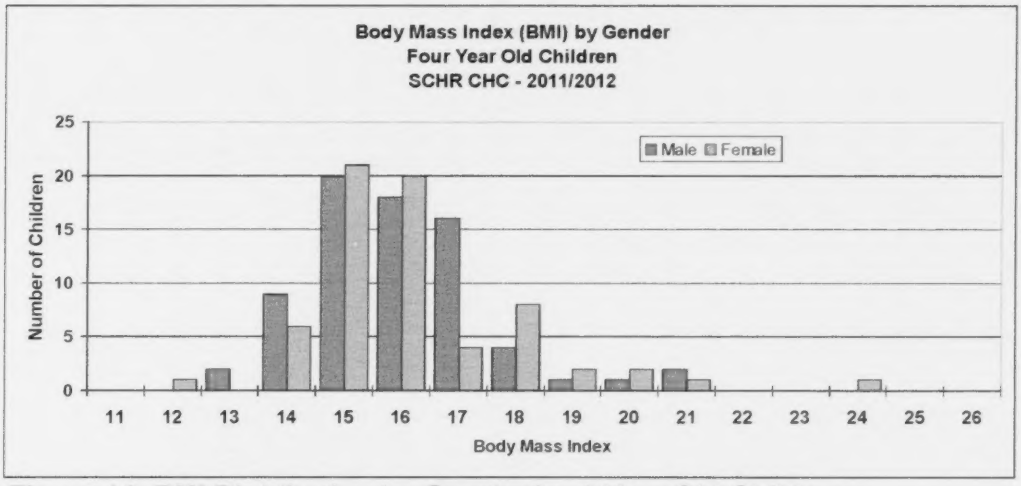


Figure 14: BMI Distribution by Gender for 4-Year Old Children

- **Ambulatory Care Sensitive Conditions**

Ambulatory care sensitive conditions are considered to be an indirect measure of access to appropriate primary health care.

The 2010/2011 acute care hospitalization rate for ambulatory care sensitive conditions for SCHR was 520 acute care hospitalizations per 100,000.This is lower than the 2009/2010 (641 acute care hospitalizations per 100,000).

The SCHR rate is higher than the rates for Saskatchewan and Canada, 478 and 299 hospitalizations per 100,000 respectively (CIHI, DAD 2010-2011).

Self-reported Health Behaviours

- **Smoking**

The proportion of Sun Country Health Region residents who are current daily smokers is 24.3 per cent. This is a 0.8 per cent decrease from 2009 (25.1 per cent).
The provincial and national rates are 17.9 per cent and 15.6 per cent respectively (2010 CCHS).

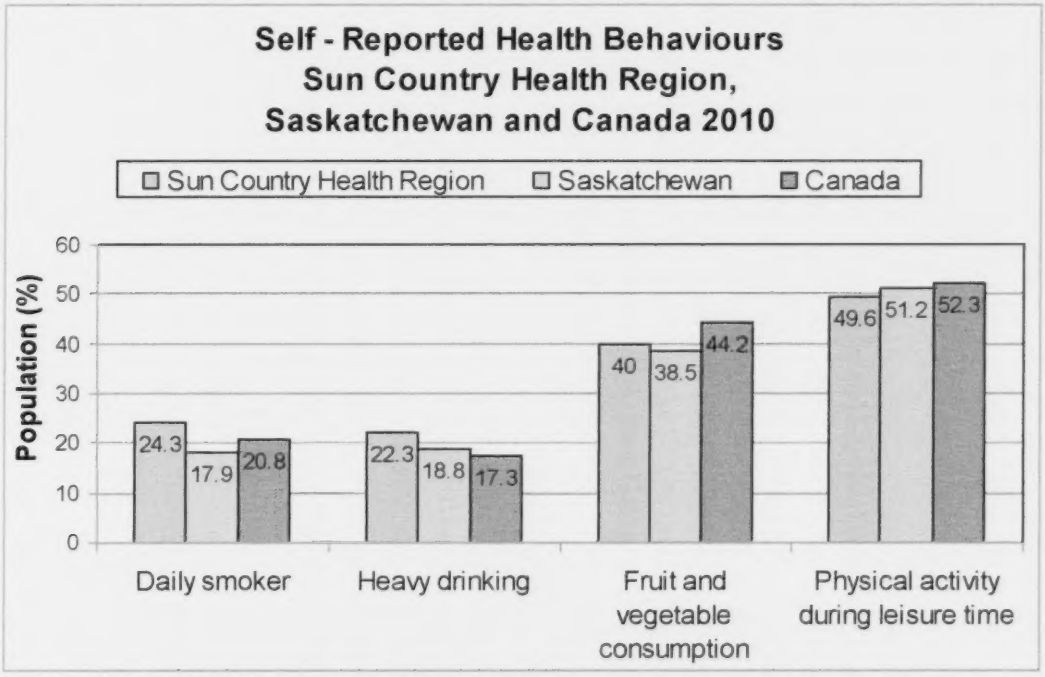


Figure 15: Self Reported Health Behaviours, Sun Country Health Region, Saskatchewan and Canada 2010

- **Heavy Drinking**

The proportion of SCHR residents who are heavy drinkers (22.3 per cent) is higher than the Saskatchewan and Canadian rates of 18.8 per cent and 17.3 per cent respectively (2010 CCHS).

- **Fruit and vegetable consumption**

Forty per cent of the SCHR population consumes fruit and vegetables, five times or more every day (2010 CCHS).

This is higher than the Saskatchewan rate (38.5 per cent) but lower than the Canadian rate (44.2 per cent).

- **Physical activity during leisure time**

In SCHR, 49.6 per cent of residents engage in moderately active or active physical activity during leisure time, compared to 51.2 per cent in Saskatchewan and 52.3 per cent in Canada (2010 CCHS).

- **Home Care Clients**

Residents that utilize the Home Care service have varying degrees of short and long-term illness or disability and support needs. A total of 2,643 clients received home care services in 2009/2010. The majority of home care clients are in the 80-89 year age group at 40.5 per cent. The lowest proportion of home care clients are in the 0-19 age group at 0.5 per cent.

- **Mental Health**

Sun Country Health Region provides diagnostic and treatment services to mentally ill clients to restore their capacity to live in the community.

Schizophrenia and other psychotic disorders were the most common mental illnesses diagnosed in the region in 2009/2010. In 2010/2011, Mood Disorders, Schizophrenia and other psychotic disorders are the most common.

Thirty per cent of new and returning mental health clients seeking mental health services in the Region are 20 to 39 years of age. This may be due to the frequent changes and different stressors that occur in a young adult's life (see Figure 17).

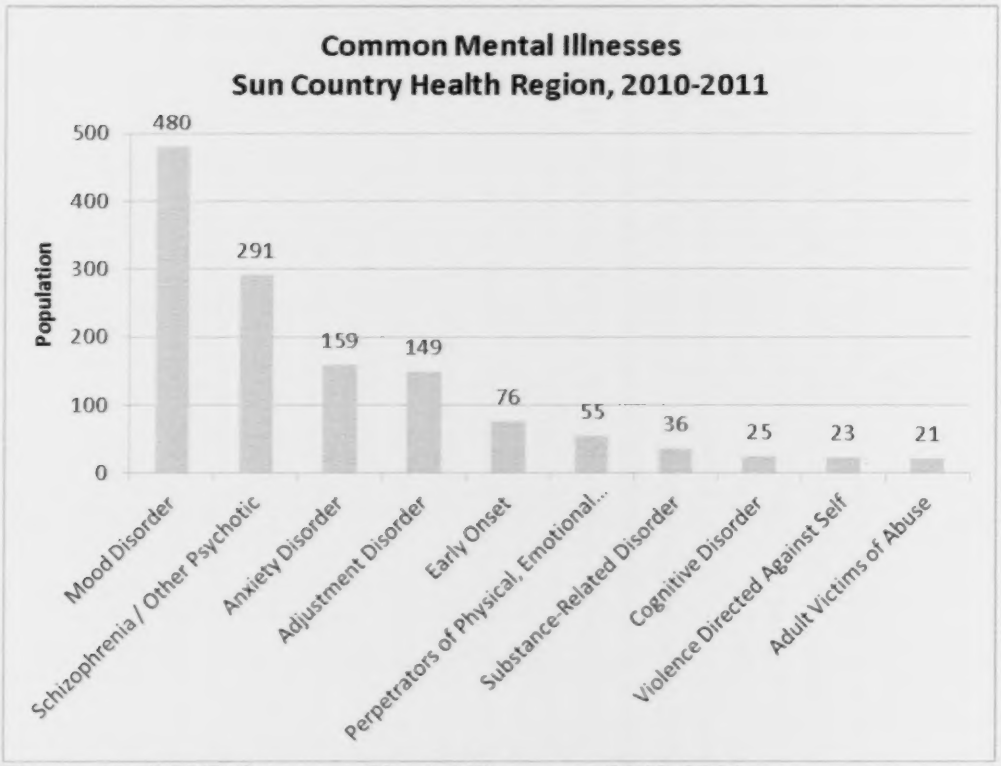


Figure 16: SCHR Common Mental Illnesses, 2010-2011
Source: Health Information Management, SCHR

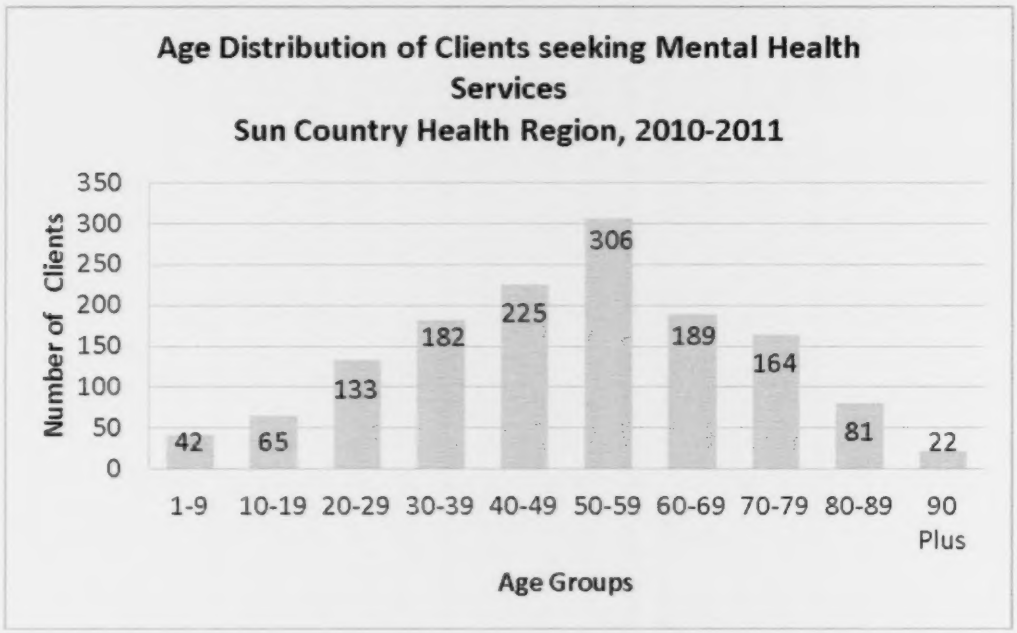


Figure 17: SCHR Age Distribution of Clients seeking Mental Health Services 2009 to 2010
Source: Health Information Management, SCHR

A slightly higher percentage of males in SCHR utilize the Alcohol and Drug services in comparison to Saskatchewan.

The mortality rate for suicides and self-inflicted injuries in the Sun Country Health Region (14.6 per cent) during 2005 to 2007 is higher than the provincial and national average (11.3 per cent and 10.9 per cent).

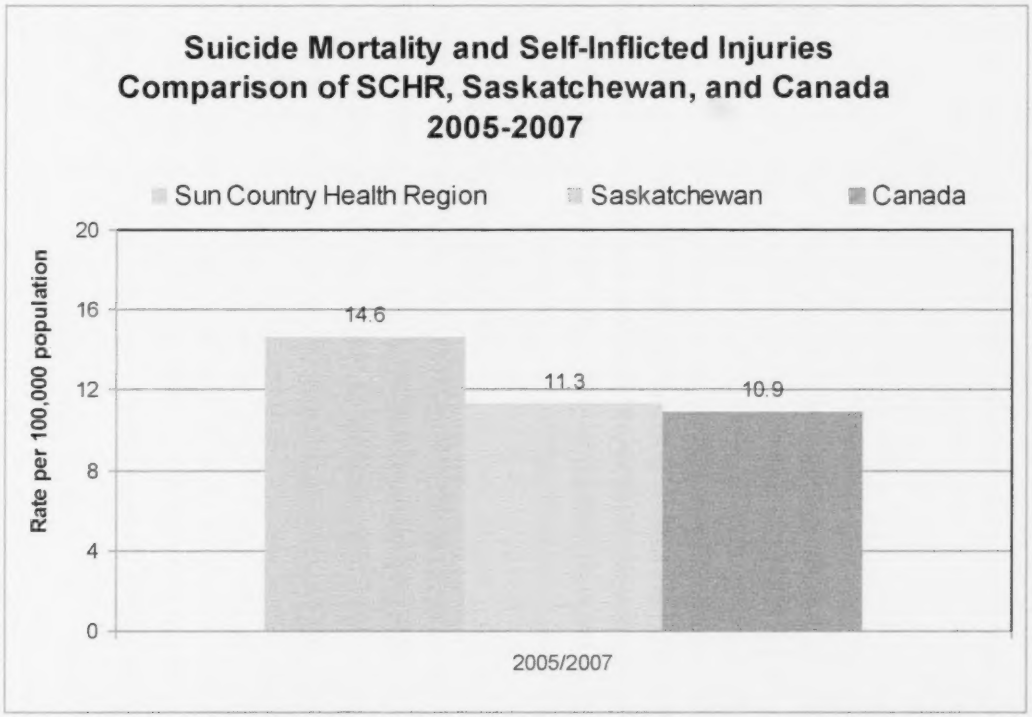


Figure 18: Suicide Mortality and Self Inflicted Injuries, Comparison of SCHR, Saskatchewan and Canada, 2005-2007
Source: Statistics Canada, Table 102-4309

Self-reported Health Indicators

Self-reported health indicators reflect an individual's perceived health and these indicators complement other health status indicators (HRSDC, 2008).

- **Sense of Belonging and Life Satisfaction**

Research shows a high correlation between a sense of community-belonging and physical and mental health. In 2010, 77.1 per cent of Sun Country Health Region residents reported their sense of belonging to their local community as being very strong or somewhat strong.

This is above the Canadian rate of 65.4 per cent.

The SCHR rate in 2009 was 76.6 per cent.

The percentage of people in Sun Country Health Region who indicate that they are satisfied or very satisfied with their life was 92.7 per cent in 2010 compared to 93.8 per cent in 2009 compared to 93 per cent in Saskatchewan and 92.1 per cent in Canada (Statistics Canada, CCHS, 2010).

- **Sense of Well-being**

In 2010, the percentage of residents in SCHR who perceived themselves to be in good or excellent health was 55.8 per cent (an increase of 2.5 per cent from 53.3 per cent in 2009). There was also an increase of 4.5 per cent in the proportion of SCHR residents who perceived themselves to have good or excellent mental health; 73.2 per cent in 2010 compared to 68.7 per cent in 2009.

- **Regular Medical Doctor**

In 2009, 83.6 per cent SCHR residents reported having a regular family doctor and this has declined to 77.9 per cent in 2010.

In Saskatchewan, there was increase from 83.4 per cent in 2009 to 84.5 per cent in 2010 (HQC, 2010).

- **Selected Rates of Self-reported Diseases**

There was a decrease in the proportion of the SCHR residents who reported high blood pressure and arthritis from 20.9 per cent and 17.8 per cent in 2009 to 19.1 per cent and 16.8 per cent respectively in 2010.

The Saskatchewan rates are 18.2 per cent and 18.8 per cent respectively.

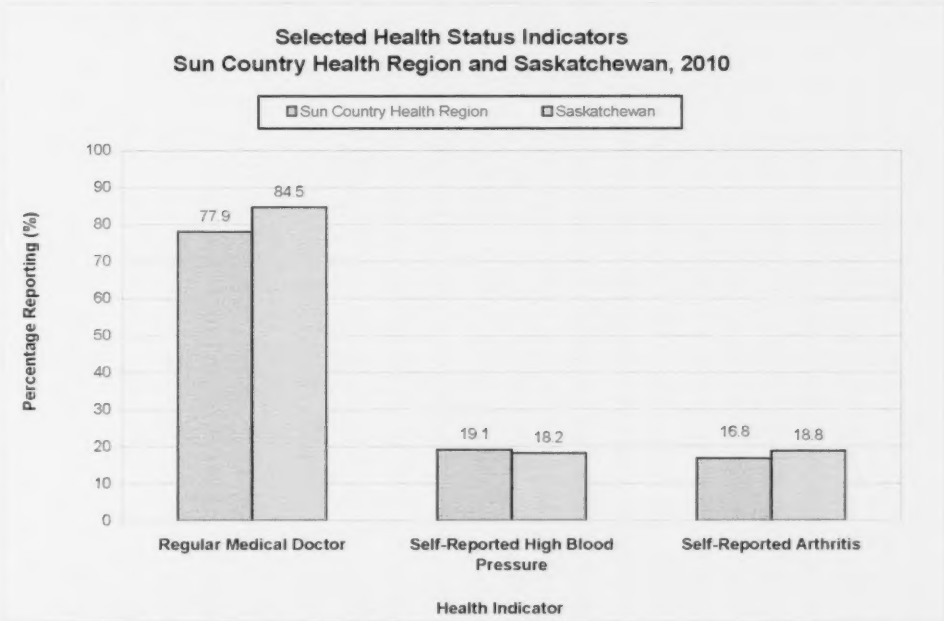


Figure 179: Selected Health Status Indicators, SCHR and Saskatchewan, 2010
Source: Health Quality Council, 2010 Report

- **Additional Health Status Indicators** – Health Quality Council

SCHR residents (81 per cent) and Saskatchewan residents (80 per cent) reported very good or excellent functional health in 2010; this is an increase of 1.1 per cent and 0.6 per cent from 2009.

SCHR rates for adult obesity (24.7 per cent) are slightly higher than the Saskatchewan rate (21.2 per cent), while physical inactivity (44.8 per cent) and pain that prevent activities (10.4 per cent) rates for SCHR are lower than the provincial rates (see Figure 20).

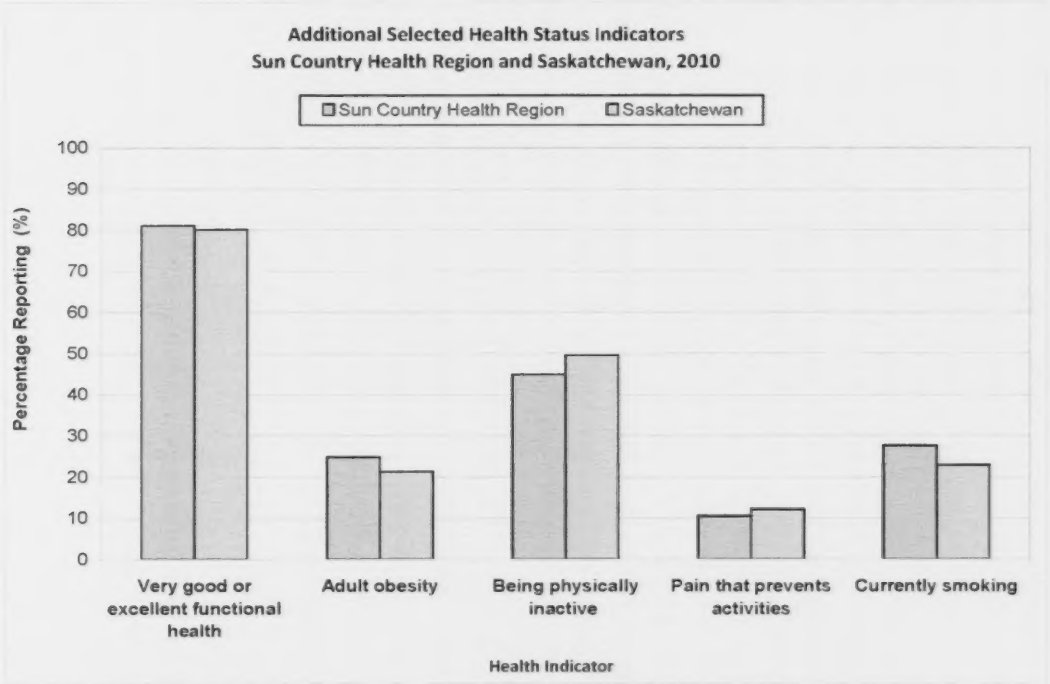


Figure 20: Health Status Indicators, SCHR and Saskatchewan, 2010
Source: Health Quality Council, 2010 Report

- **Injuries**

The injury hospitalization rate indicates the incidence of injuries serious enough to require hospital admission. These injuries are more likely to result in surgical intervention (HQC).

Injury hospitalization rates due to all causes for both SCHR and Saskatchewan have experienced a decline since 2008. The SCHR 2010/2011 rate is 2,812.7 per 100,000 while the Saskatchewan rate is lower at 2,216.7 per 100,000 (see Figure 21).

Injury hospitalization rates due to falls have declined in SCHR since 2008. The 2010/2011 rate is 755.4 per 100,000 and the Saskatchewan rate is 542.3 per 100,000 (see Figure 22). SCHR's rate of self injury hospitalizations is 88 per 100,000 in comparison to Saskatchewan at 85 and Canada at 66 (see Figure 23).
In 2010/2011, the overall injury hospitalization rate in SCHR was 1,061 per 100,000 (CIHI, 2012).

The Saskatchewan rate was much lower at 772 per 100,000 and Canada's rate was 514 per 100,000 (see Figure 24).

Figure 21: Injury Hospitalization Rates - All Causes - SCHR vs. Saskatchewan, 2008-2011
Source: HQC Report

Figure 22: Injury Hospitalization Rates – Falls - SCHR vs. Saskatchewan, 2008-2011
Source: HQC Report

Figure 23: Self Injury Hospitalizations, SCHR, Saskatchewan, and Canada, 2010-2011
Source: CIHI, Health Indicators, 2012

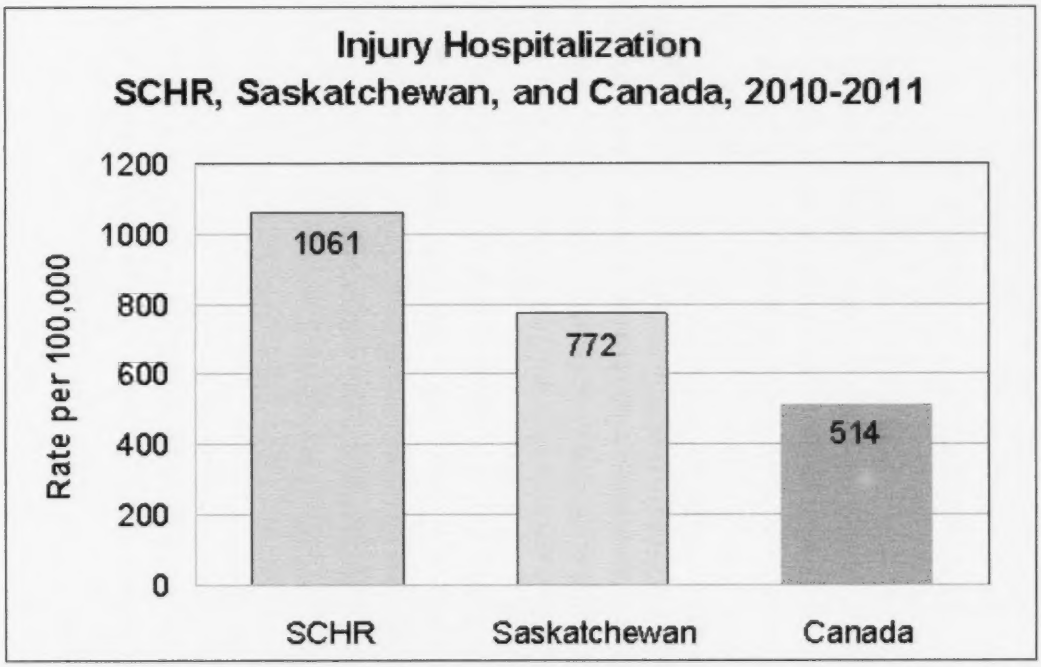


Figure 24: Injury Hospitalization, SCHR, Saskatchewan, and Canada, 2010-2011
Source: CIHI, Health Indicators, 2012

- **Potentially Avoidable Mortality**

These are deaths before the age of 75 years that could potentially have been avoided through all levels of prevention (primary, secondary, tertiary). It refers to untimely deaths that should not occur in the presence of timely and effective health care or public health practices, programs and policy interventions. (CIHI, 2012)

The SCHR rate is 197 per 100,000 which was lower in comparison to Saskatchewan at 222 but higher than for Canada at 187 (see Figure 25).

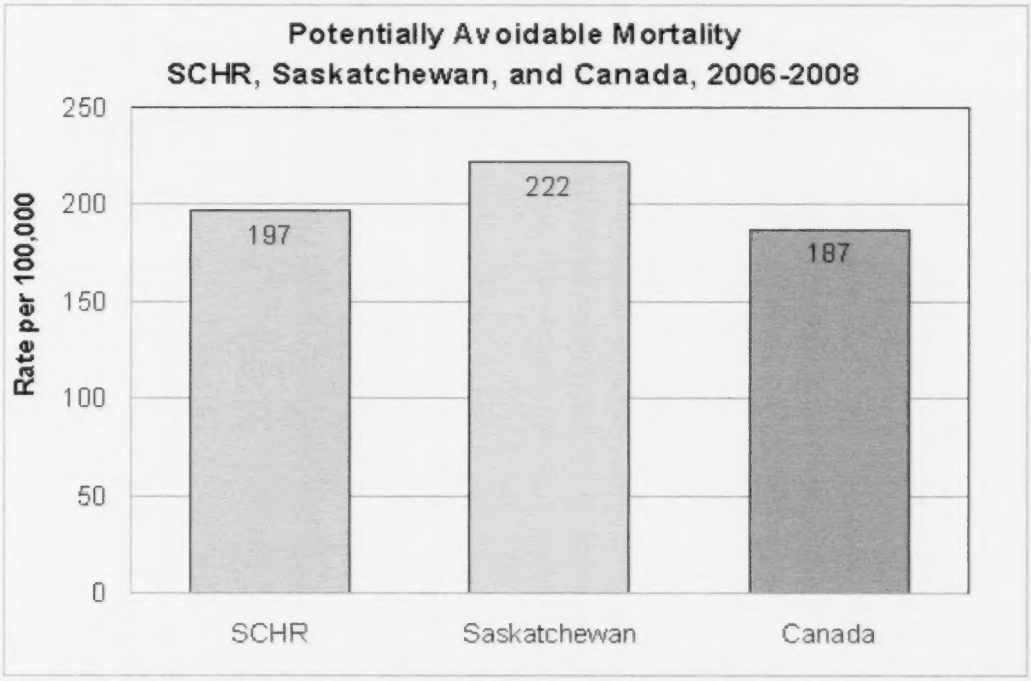


Figure 25: Potentially Avoidable Mortality, SCHR, Saskatchewan, and Canada, 2010-2011
Source: CIHI, Health Indicators, 2012

- **Avoidable Mortality from Preventable Causes**

This is a subset of potentially avoidable mortality, representing deaths before the age of 75 years that could potentially have been prevented through primary prevention efforts. (CIHI, 2012)

SCHR rate was 128 per 100,000 which was lower than Saskatchewan rate of 142 but higher than Canada's rate of 120 (see Figure 26).

- **Avoidable Mortality from Treatable Causes**

This is a subset of potentially avoidable mortality, representing deaths before the age of 75 years that could potentially have been prevented through secondary or tertiary prevention. (CIHI, 2012)

SCHR rate was 68 per 100,000 which was lower than Saskatchewan rate of 80 but higher than Canada's rate of 66 (see Figure 27).

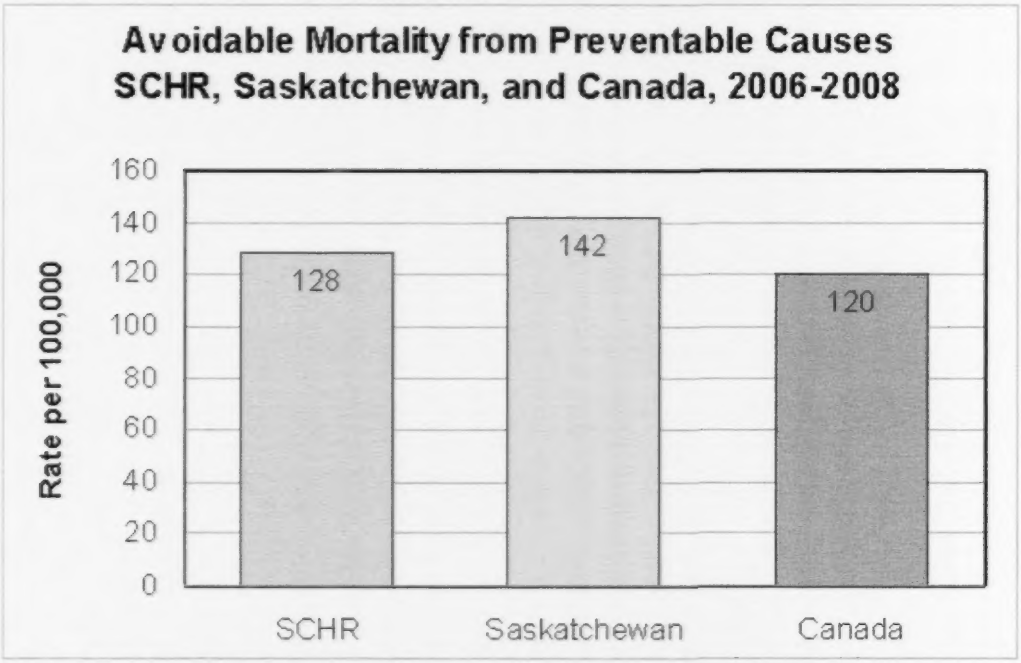


Figure 26: Avoidable Mortality from Preventable Causes, SCHR, Saskatchewan, and Canada, 2006-2008
Source: CIHI, Health Indicators, 2012

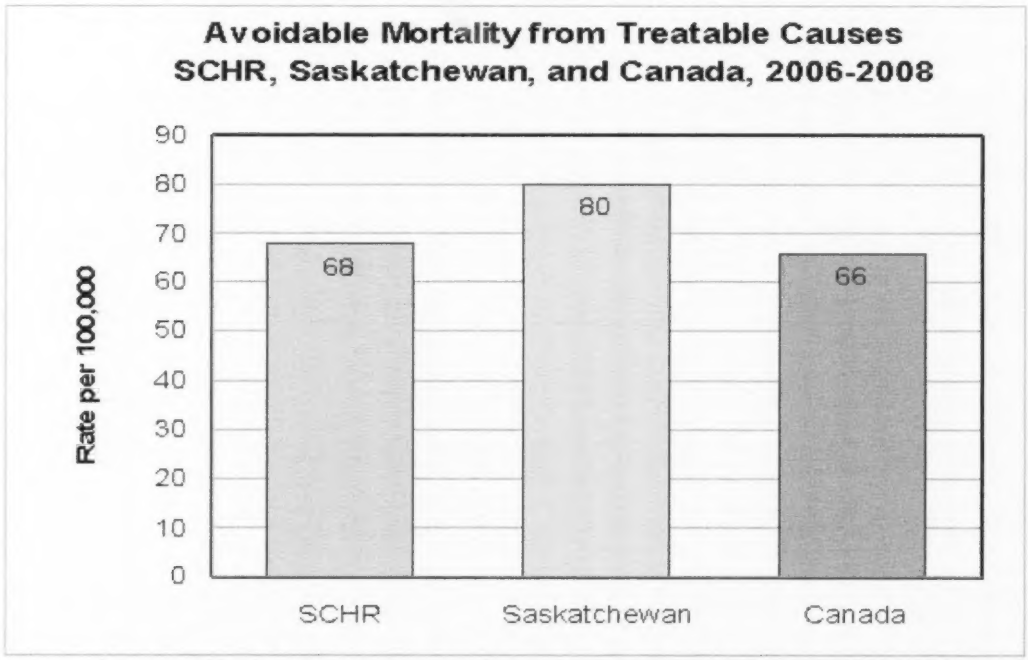


Figure 27: Avoidable Mortality from Treatable Causes, SCHR, Saskatchewan, and Canada, 2006-2008
Source: CIHI, Health Indicators, 2012

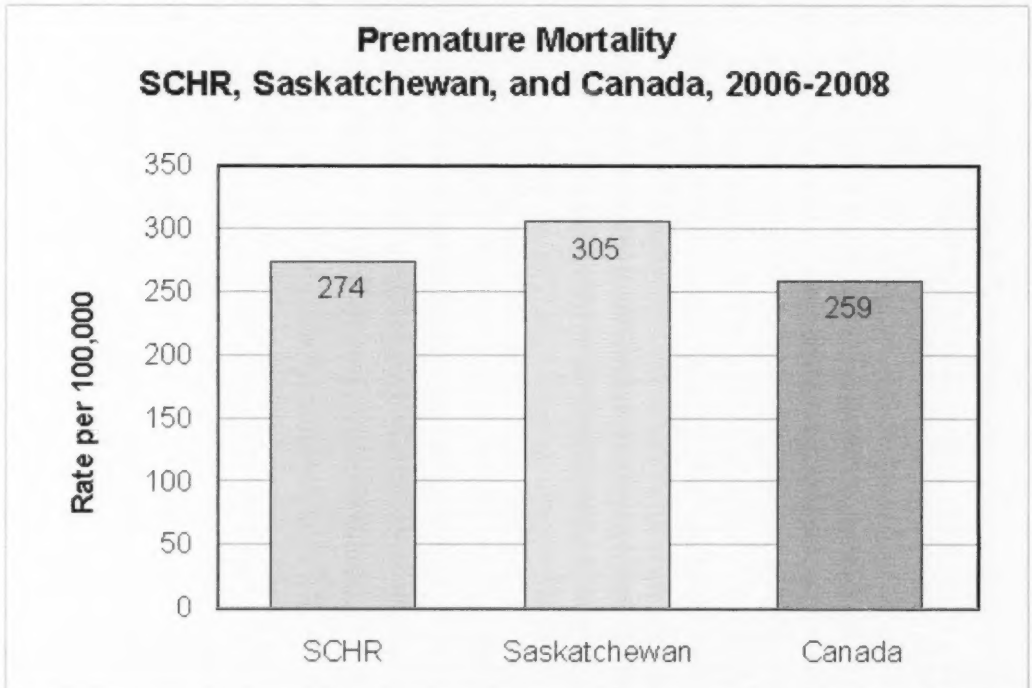


Figure 28: Premature Mortality, SCHR, Saskatchewan, and Canada, 2006-2008
Source: CIHI, Health Indicators, 2012

- **Premature Mortality**

Premature deaths are those of individuals who are younger than 75 years of age. This is an overall indicator of population health that reflects deaths at younger ages. (CIHI, 2012)

The SCHR rate is 274 per 100,000 which is higher than Canada's rate of 259 but lower than Saskatchewan's rate of 305 (see Figure 28).

- **Teen Pregnancy Hospitalizations**

There were a total of 353 hospitalizations for teen pregnancies in Sun Country Health Region between the years 2005 and 2010.

Table 6- Sun Country Health Region Teen Pregnancy Hospitalizations

YEAR	AGE						Total
	14 years	15 years	16 years	17 years	18 years	19 years	
2005	1	4	8	9	20	18	**60**
2006	0	3	4	14	12	27	**60**
2007	0	0	4	9	18	21	**52**
2008	0	0	6	6	16	28	**56**
2009	1	2	10	8	23	24	**68**
2010	1	2	3	13	11	27	**57**
Total	**3**	**11**	**35**	**59**	**100**	**145**	**353**

Source: eHealth, Saskatchewan

The highest overall number of pregnancy hospitalizations for the period between 2005 and 2010 were in 19 year old females

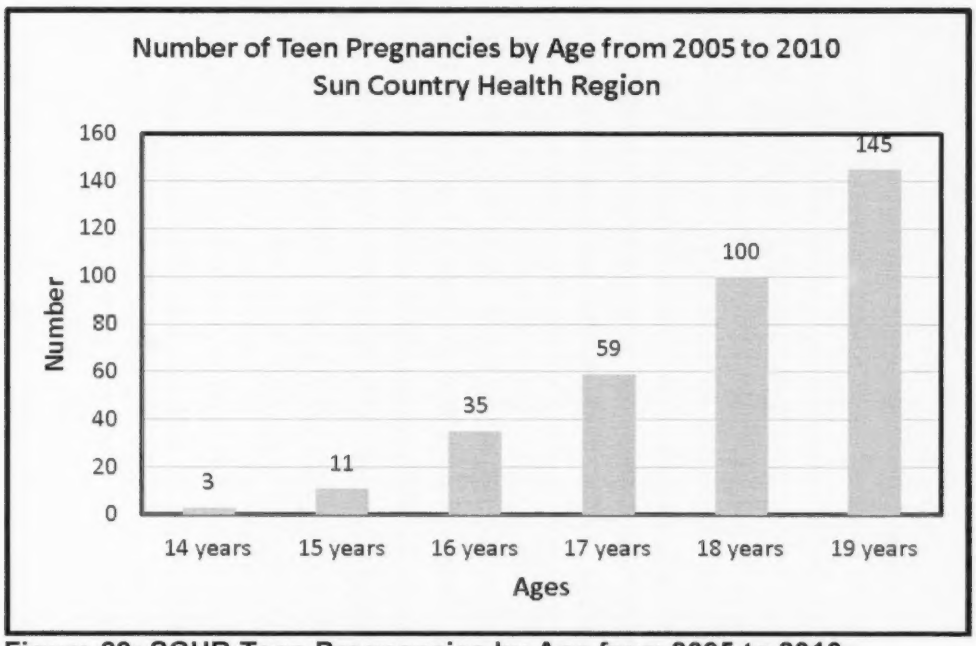


Figure 29: SCHR Teen Pregnancies by Age from 2005 to 2010

The highest number of teen pregnancy hospitalizations (68) was reported in 2009 for the 2005- 2010 time period.

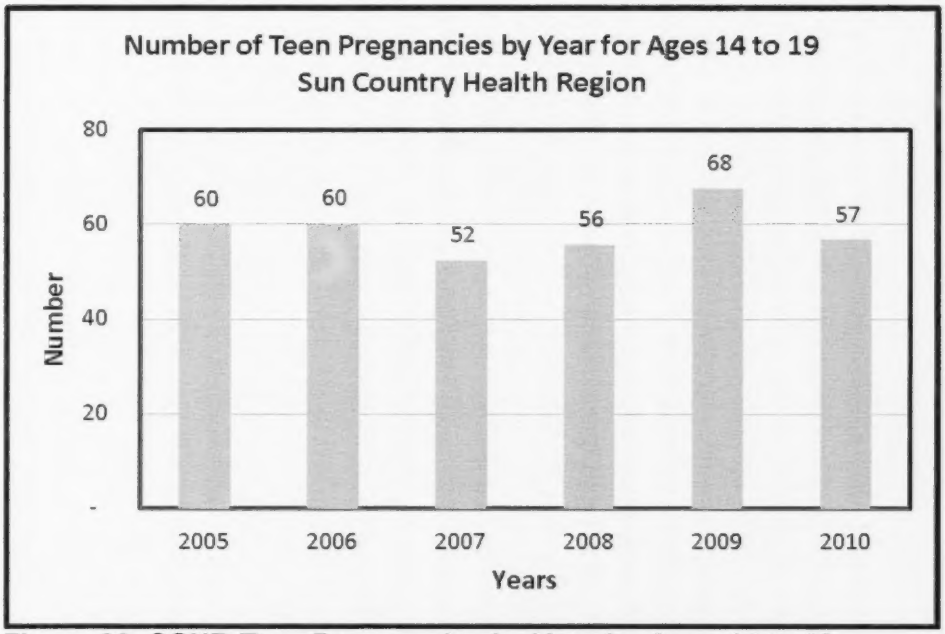


Figure 30: SCHR Teen Pregnancies by Year for Ages 14 to 19

In 2010, SCHR had 51 teen pregnancy hospitalizations in the 17-19 year old bracket.

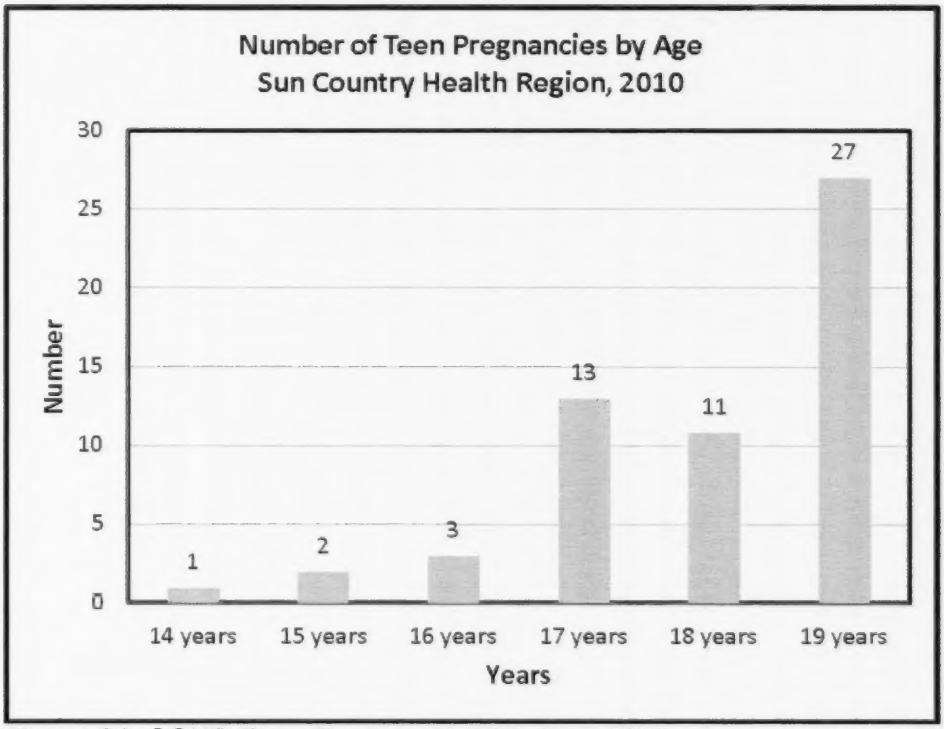


Figure 31: SCHR Teen Pregnancies by Age, 2010

- **Sexually Transmitted Diseases**

In 2011, 79 cases of genital chlamydia were reported in the Sun Country Health Region. This is similar to the 78 cases of chlamydia reported in 2010.

In 2011, the overall Chlamydia rate was 13.98 cases per 10,000.

In 2010, the overall Chlamydia rate was 14 cases per 10,000.

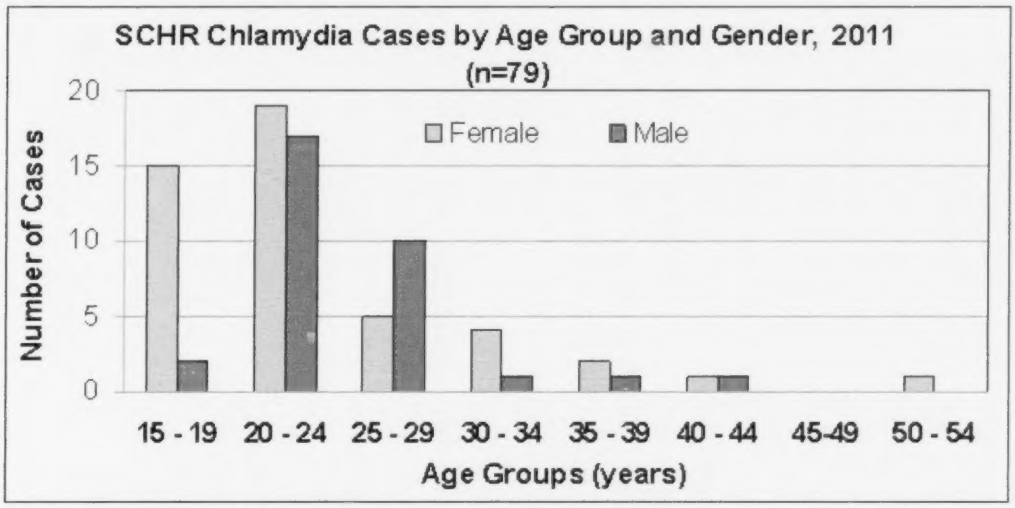


Figure 32: SCHR Chlamydia Cases by Gender, 2011
Source: Public Health Office, SCHR

Thirty-two (41 per cent) of the cases were male and 47 (59 per cent) of the cases were female. See Figure 32 above. In comparison to 2010, thirty-six (46 per cent) were male and forty-two (54 per cent) of the cases were female.

The highest percentage of female cases occurred in June (nine per cent) and the highest percentage of male cases (nine per cent) occurred in October (see Figure 33).

The highest number of cases (n=36) were reported in the 20 to 24 year old age group accounting for 45.6 per cent of the total number of cases.

The difference in numbers of cases among females and males is the greatest in the 15 to 19 year old age group.

Seventeen cases (21.5 per cent) were between 15 to 19 years of age.
Fifteen cases (19 per cent) were in the 25 to 29 year old age group (see Figure 34).

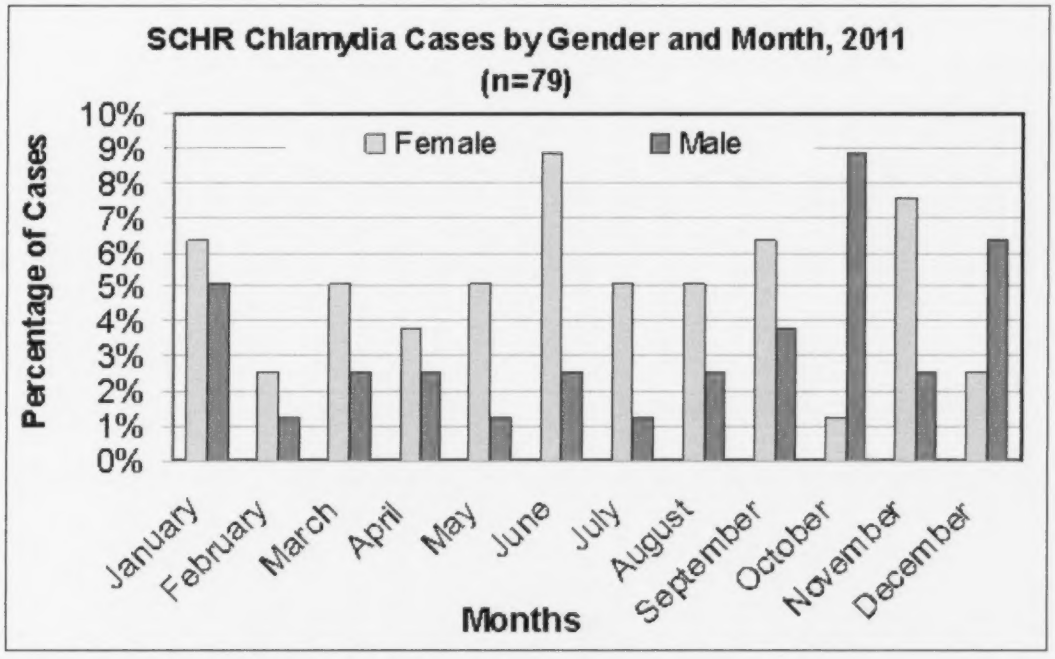


Figure 33: SCHR Chlamydia Cases by Gender and Month, 2011
Source: Public Health Office, SCHR

There were four cases of genital gonorrhea and two cases of HIV reported in the Sun Country Health Region in 2011.

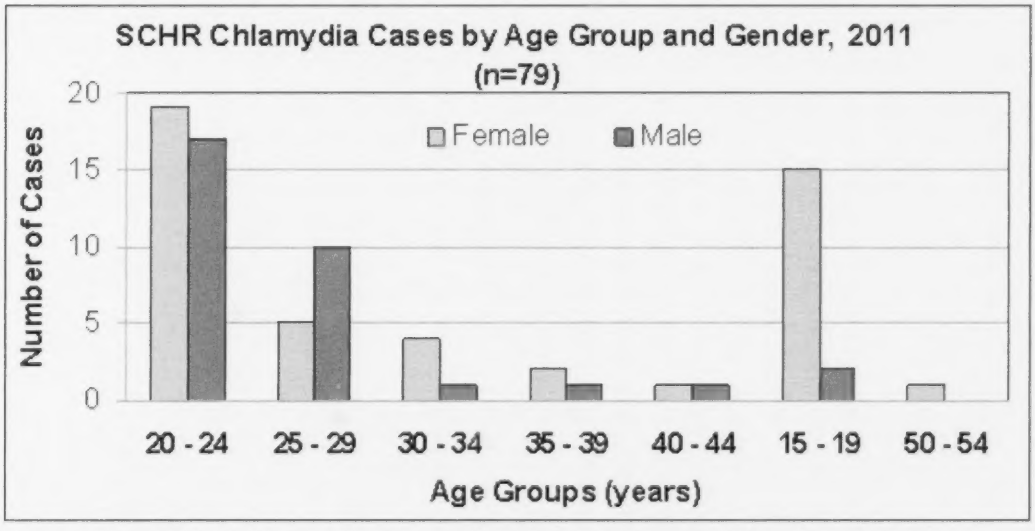


Figure 34: SCHR Chlamydia Cases by Age Group and Gender, 2011
Source: Public Health Office, SCHR

- **Exclusive Breast feeding Rates**

The rate of exclusive breast feeding varies widely during the year with a peak of 83 per cent in September to below 40 per cent in December. The over-all trend shows a decline from January 2011 to March 2012.

Socioeconomic Determinants of Health

The health status of any population is determined by several factors besides the population's biological vulnerability to disease. The social and economic environment has a profound impact on health. The social determinants of health include income, education, family structure, food costs, and employment, etc.

- **Unemployment**

The employment rate has dropped (by 0.9 per cent) to 2.9 per cent in SCHR. In 2009, the unemployment rate for the Region was 3.8 per cent which is higher than the 2008 rate of 2.0 per cent. The Saskatchewan unemployment rate is 5.2 per cent (2010 Labour Force Survey, Statistics Canada).

According to the 2006 census, SCHR has a lower proportion of persons living below the low income cut off: 10.1 per cent of residents living below the cut off compared with the Saskatchewan (14.4 per cent) and Canada (15.3 per cent) (Statistics Canada, Labour Force Survey, 2009).

- **Cost of Healthy Eating**

Eating nutritious food is necessary to maintain and promote health for adults and children. The cost of healthy food has an impact on the ability of households to make healthy food choices and affect the over-all health of the population.

In SCHR, the over-all food costs in 2009 for all age and sex groups were below the provincial average food costs.

The average weekly cost of the National Nutritious Food Basket for a reference family of four in SCHR was $200.80, which is lower than the Saskatchewan average of $205.02.

Food costs are the highest for adolescent males between 14-18 years ($63.38/week) and young women between the ages of 19-30 years ($48.29) for the region and provincially (see Figure 35).

Pregnant and breast feeding women need more healthy food, making their food costs higher than those women who are not pregnant or breast feeding. In SCHR, food costs are highest for a pregnant and lactating woman between the ages 19 and 30 years ($52.65 and $55.46, see Figure 36).

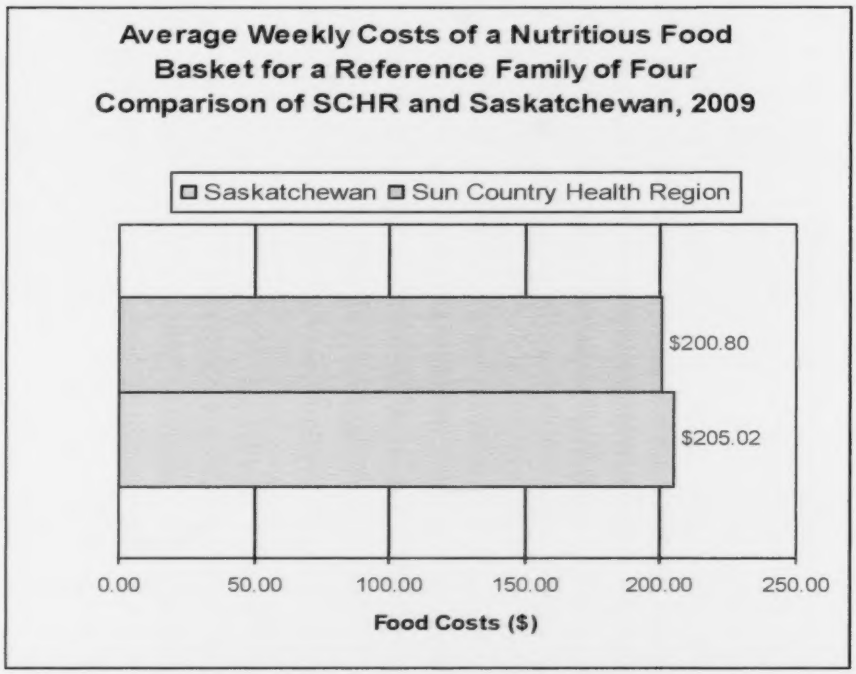


Figure 35: Average Weekly Cost of a Nutritious Food Basket for a Reference Family of Four, Comparison of SCHR and Saskatchewan, 2009
Source: Public Health Nutritionists of Saskatchewan, 2009

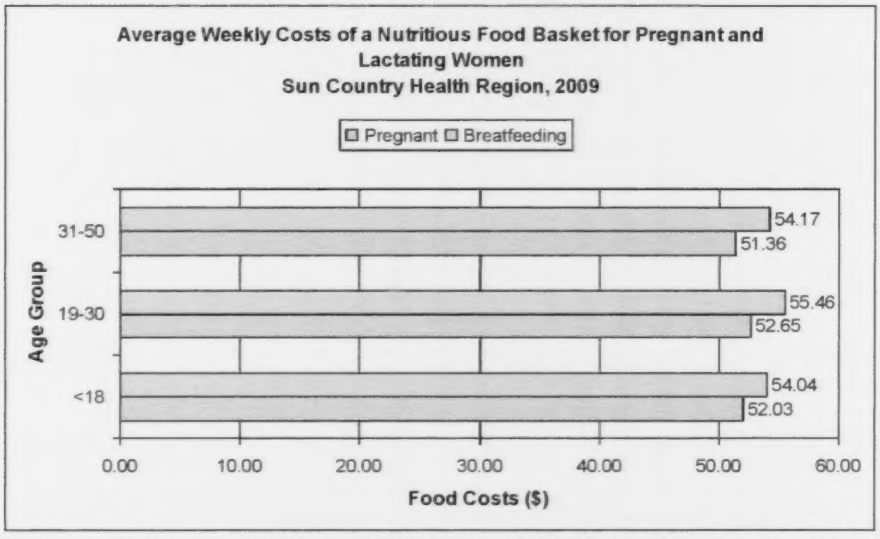
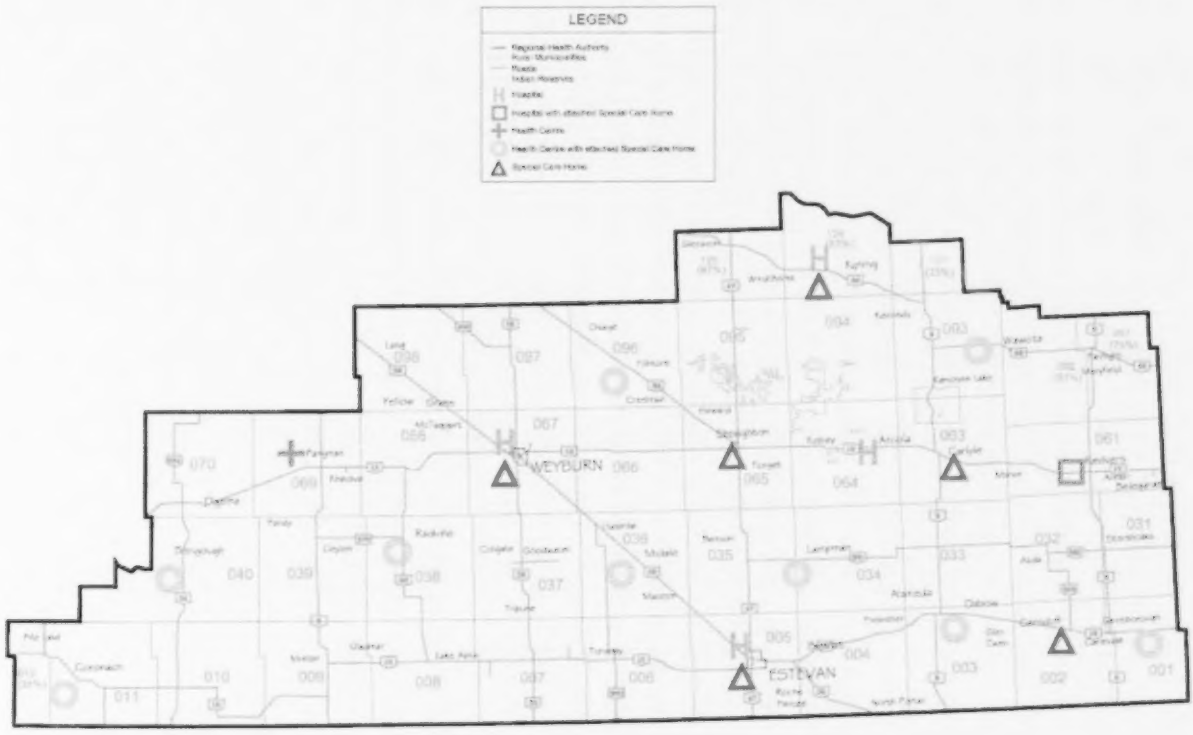


Figure 36: Average Weekly Cost of a Nutritious Food Basket for Pregnant and Lactating Women in Sun Country Health Region, 2009
Source: Public Health Nutritionists of Saskatchewan, 2009

Sun Country Health Region collaborates with agencies, communities, schools and organizations to help support long-term and sustainable solutions to address access to healthy foods. The Public Health Nutritionist assists school divisions in developing and implementing healthy food policies within schools by facilitating discussions, providing curriculum supports as well as family and teacher nutrition education.

eHealth Saskatchewan

Sun Country Health Region



Celebrating success - Staff members involved in the Releasing Time to Care program (RTC) at the Inpatient Mental Health Unit in Tatagwa View took a break in April to celebrate their successes. From left to right around the table, Sara Martin, Chris Jensen, Wendy Kilback, Carolynn McPherson, Kim Schindel, Lana Keys, Sara Irwin, Duane Schultz, John Glab. Standing on the left is Jacqueline Lemieux, Quality Improvement Facilitator and on the right is Janice Giroux, Vice President, Community Health. Christine Tester and Nikki Tiffen are also part of the program. Within four months of beginning to measure verbal aggression, they found a 25 per cent reduction. Within two months of measuring falls, they saw a 25 per cent decrease.

Goal 1 – Access to a defined range of quality health services through an integrated, coordinated and collaborative care model and provide a culture of patient/resident/client safety

This goal supports the Ministry of Health Strategic Operational Directions (SOD) for Goal 1 – Health of the Individual:

1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.

1.2 Achieve timely access to evidence-based and quality health services and supports.

1.3 Continuously improve health care safety in partnership with patients and families.

Strategy: Establish programs of best practice for enhanced care services within SCHR.

Results: **Accreditation**

The Region received Accreditation with Report from Accreditation Canada. All required follow-up actions were approved by Accreditation Canada in April 2012.

Results: **Infection Control**

The annual Dave Galloway Award was presented to the MRSA Collaborative team at the annual SCHR Patient Safety Conference. (MRSA = Methicillin-resistant Staphylococcus aureus) The team consisted of Infection Control, Nursing and Environment Services Staff. Members from the Environmental Services department were front line workers.

The MRSA Collaborative team looked at improved cleaning practice to reduce the spread of MRSA in Sun Country Health Region facilities. Education was provided to all cleaning staff across the Region. Monthly cleaning audits are conducted to ensure we continue to maintain our goals.

Hand Hygiene education was also provided to staff throughout the Region. It is compulsory that all new staff members are educated in proper hand hygiene. This initiative will also help to stop the spread of infections or disease. Hand Hygiene audits are conducted Region-wide to ensure compliance.

The Sun Country Health Region Infection Prevention and Control program focuses on reducing the risk of transmission of infectious agents to staff, clients, volunteers, visitors, students, physicians, licensed independent practitioners, and the public. The Infection Prevention and Control (IPC) program also aims to reduce the risks for infections related to the use of devices and procedures performed during their care.

- **Surgical Site Infections**

Accreditation Canada requires health organizations to track surgical site infections for procedures based on the highest risk, the highest volume or both. The recommended procedures for surveillance include hysterectomy and caesarean section surgeries. See Table 7 and Table 8.

Table 7 - SCHR Selected Surgical Site Infections – SJH and WGH, 2009-2011

Surgical Site Infections (SSI) St. Joseph's Hospital (SJH) and Weyburn General Hospital (WGH) Hysterectomy and Caesarean Section SSI Rates per 100 Surgeries 2009 - 2011				
	Hysterectomy		Caesarean Section	
	SJH	WGH	SJH	WGH
2011	0	11.8/100	0	N/A
2010	0	14.2/100	4.5/100	0
2009	0	15.8/100	3.6/100	0

Source: Infection Control, SCHR

St. Joseph's Hospital - surgical site infections for all surgeries reported at SJH from 2009 to 2012 (YTD):

- 2012 – A total of 80 surgeries were performed in the first quarter with 1 reported infection for a rate of 1.3 per 100 procedures.
- 2011 – A total of 306 surgeries were performed with 0 reported infections for a rate of 0 per 100 procedures.
- 2010 – A total of 310 surgeries were performed with 2 reported infections for a rate of 0.6 per 100 procedures.
- 2009 – A total of 364 surgeries were performed with 3 reported infections for a rate of 0.8 per 100 procedures.

Weyburn General Hospital - surgical site infections for all surgeries reported at SJH from 2009 to 2012 (YTD):

- 2012 – A total of 132 surgeries were performed in the first quarter with 0 reported infections for a rate of 0 per 100 procedures.
- 2011 – A total of 358 surgeries were performed with 4 reported infections for a rate of 1.1 per 100 procedures.
- 2010 – A total of 382 surgeries were performed with 4 reported infections for a rate of 1.0 per 100 procedures.
- 2009 – A total of 346 surgeries were performed with 6 reported infections for a rate of 1.7 per 100 procedures.

Table 8 - 2011 SCHR Selected Surgical Site Infections – SJH and WGH

Sun Country Health Region
St Joseph's Hospital
Year: 2011
SURGICAL SITE INFECTIONS

Green On Track
Yellow Potential Concern
Red Confirmed Concern

Type of Surgical Procedure	Risk Index Category	Number of Surgical Procedures	Number of Surgical Site Infections	SSI Rate (per 100 Operations)	SCHR Benchmark* 3 year average (per 100 operations)	CDC National Benchmark** (per 100 Operations)
Cesarean Section	0-3	46	0	0	2.70	1.46-3.82
Total Abdominal Hysterectomy	0-3	3	0	0	11.59	1.1-4.05
Vaginal Hysterectomy	0-3	15	0	0	0	0.73-1.16
Total Class 1 Surgeries						1-5 %
Total Class 2 Surgeries						

*SCHR Benchmark is the 3 year average for 2009 - 2011
**National Benchmark Rate was taken from the CDC NHSN Report 2006-2008

Sun Country Health Region
Weyburn General Hospital
Year: 2011
SURGICAL SITE INFECTIONS

Green On Track
Yellow Potential Concern
Red Confirmed Concern

Type of Surgical Procedure	Risk Index Category	Number of Surgical Procedures	Number of Surgical Site Infections	SSI Rate (per 100 Operations)	SCHR Benchmark* 3 year average (per 100 operations)	CDC National Benchmark** (per 100 Operations)
Cesarean Section	0-3	0	0		2.70	1.46-3.82
Total Abdominal Hysterectomy	0-3	12	2	16.67	11.59	1.1-4.05
Vaginal Hysterectomy	0-3	5	0	0	0	0.73-1.16
Total Class 1 Surgeries						1-5 %
Total Class 2 Surgeries						

*SCHR Benchmark is the 3 year average for 2009 - 2011
**National Benchmark Rate was taken from the CDC NHSN Report 2006-2008

Source: Infection Control, SCHR

Selected Infection Control Indicators
Nosocomial infections, AROs and SSI

- **Methicillin Resistant Staphylococcal aureus (MRSA) Rates**

MRSA infection is a significant cause of morbidity in health care facilities and directly impacts client outcomes. Health care-associated MRSA is an indicator of the quality of infection prevention and control practices in health care facilities. Variation in infection rates can be attributed to numerous factors including differences in the risk factors present in different patient populations, duration of hospitalization and the intensity of the surveillance. For these reasons, infection rate data may not be easily comparable between facilities, services, and organizations.

Figure 37 depicts the overall number of nosocomial MRSA cases identified in SCHR from 2007 to 2011. These MRSA cases include both acute and long term care cases for each quarter. The increase of MRSA cases for the second quarter of 2010 is related to two facility-based MRSA outbreaks and the identification of an unexpected number of cases in an acute care facility (see Figure 37 and Table 9).

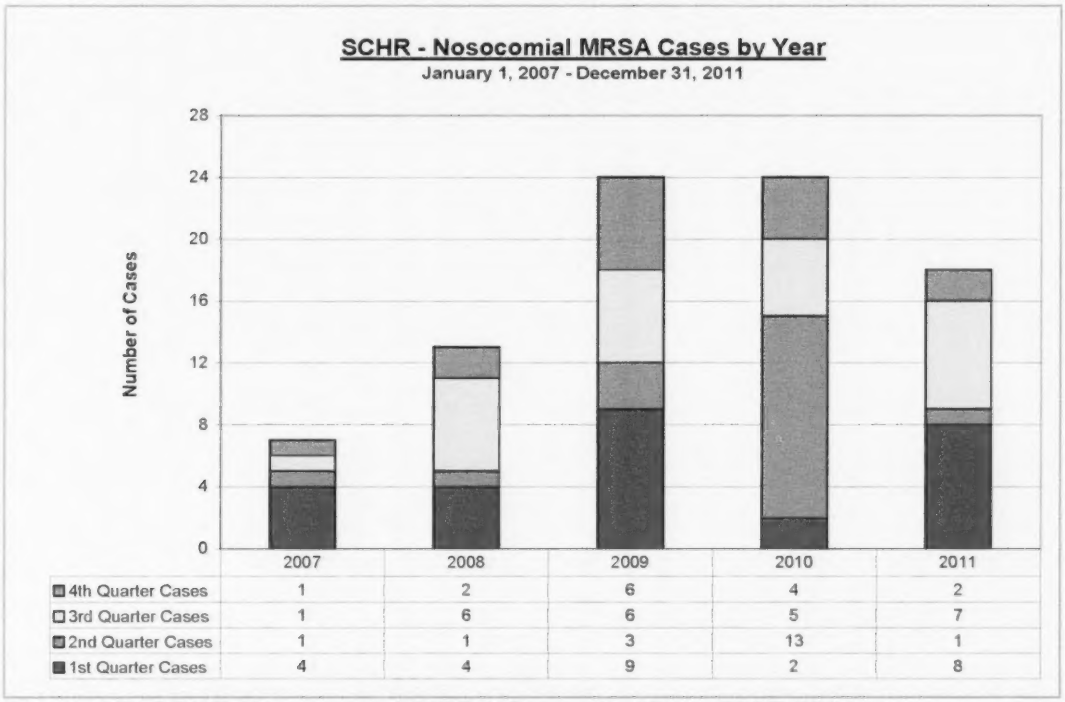


Figure 37: SCHR Nosocomial MRSA Cases by Year, 2007-2011
Source: Infection Control, SCHR

- The over-all rate for 2011 in long term care was 12/239820 = 0.05 per 1000 patient care days.
- The over-all rate for 2010 in long term care was 12/238,903 = 0.05 per 1000 patient care days.
- The over-all rate for 2009 in long term care was 15/241,197 = 0.06 per 1000 patient care days.

- **Nosocomial Clostridium difficile Rates**

Clostridium difficile is the leading cause of health care-associated diarrhea and can cause a range of symptoms including severe inflammation of the colon and infections that may lead to severe or life threatening events. Illness from C. difficile most commonly affects older adults and individuals in long term care facilities and can be acquired in hospital or community settings.

The following tables provide information about Clostridium difficile infections by health care facility and the overall number of cases identified in SCHR from 2008- 2011. See Table 9 and 10.

Table 9 - SCHR Nosocomial *Clostridium difficile* Cases by Quarter, 2008-2011

	Total Cases
2008	4
2009	9
2010	3
2011	5

Clostridium difficile (C. difficile) is not a reportable disease in Saskatchewan but facilities in SCHR are expected to report their Clostridium difficile (C. difficile) infections to Infection Control.

- **Outbreaks**

The following section is based on information collected from the reporting of outbreaks in Sun Country Health Region facilities, covering the time period from January 1, 2011 to December 31, 2011. (See Table 10).

There were a total of 14 outbreaks in Sun Country Health Region in 2011 compared to 24 outbreaks in 2010.

The outbreaks are categorized into 3 categories: respiratory, gastric, or "other."
The "other" category of outbreaks includes outbreaks of antibiotic-resistant organisms. In 2011, no antibiotic-resistant organism outbreaks were identified.

The majority of outbreaks reported in 2011 occurred in Long Term Care (LTC) facilities:
- Long term care - 11 facilities (14 in 2010)
- Integrated – 3 facilities (7 in 2010)
- Community – 0 facilities
- Acute - 0 facilities

In 2011, there were six gastric outbreaks and eight respiratory outbreaks (compared to 10 and 12 respectively in 2010). In three of the outbreaks more than one organism was identified. No deaths were related to the reported outbreaks. The chart below illustrates the type of outbreak by type of organism with the majority of outbreaks being respiratory.

Norovirus was identified in three of the six (50 per cent) enteric outbreaks and in the three other enteric outbreaks no organism was identified.

Respiratory Syncytial Virus (RSV) was the most common respiratory pathogen identified in SCHR facility respiratory outbreaks in 2011 and it was identified in three of the eight (37.5 per cent) respiratory outbreaks. Entero/Rhinovirus was identified in two outbreaks (25 per cent) and Parainfluenza in two outbreaks (25 per cent). Influenza A was identified in one of the respiratory outbreaks in the first quarter of 2011.

Table 10 - Specific Parameters by Outbreak Type, 2011

Outbreak type	Enteric	Respiratory	Other
Duration – Range (days)	1 - 16	8 - 21	-
Duration – Average (days)	7	14	-
Total Cases – Range	5 - 28	5 - 19	
Average Number of Cases/Outbreak	14	11	-
Outbreak Related Deaths	0	0	-

Source: Infection Control, SCHR

Results: Develop a Regional Acute Care Services Plan.

Sun Country Health Region continues work on the review of acute care services. More recent data may be available for consideration. The Ministry of Health is working with SCHR to review services/population utilization.

Results: Ultrasound Services.

Sun Country Health Region negotiated an agreement with Radiology Associates to resume ultrasound services at St. Joseph's Hospital of Estevan after a disruption of several years. Services are being offered two days a week, with SCHR covering the additional annual operating costs and St. Joseph's Hospital Foundation purchasing the equipment for approximately $175,000.

Results: Develop a Primary Care Practitioner Resource Plan.

Coronach and Area - Several meetings were held to discuss the potential of establishing a primary care team in collaboration with Assiniboia as the "hub." Extensive conversations included role of nurse practitioner, status of the health centre and clinic, and health services in general for Coronach and area. The community leaders present agreed to the principles as presented by SCHR and support the next steps – meeting with the Primary Health Care Team, including the physicians and then facilitating a meeting between the communities.

Kipling and Area – A meeting was held with two community representatives for the Kipling District Health Foundation to discuss primary health care services. The two current physicians (not co-located) have expressed an interest to proceed to explore Kipling as a co-hub with Broadview in order to stabilize services in that area. Preliminary work is being done with the Ministry of Health in 2012. SCHR will also continue discussions with Regina Qu'Appelle Health Region in regards to this option of the Primary Health Care Physician Resource Plan.

Results: Support the Ministry's development and implementation of a provincial framework for patient and family centered care.

Patient and Family Centred Care has been incorporated into the regional orientation; the first regional orientation session was held in October. The RHA has adopted a 10 year plan. A steering committee is developing a process to find patients and/or families to participate. Patients and their families have been invited to tell their story to the Sun Country Regional Health Authority.

Results: Participate in the Ministry of Health's implementation of the Saskatchewan Surgical Initiative (SKSI) - *A multi-year, system-wide initiative to transform the patient and surgical experience and reduce surgical wait times to three months in four years.*

Sun Country Health Region received an additional $287,300 during the 2011-12 fiscal year from the Saskatchewan government to improve patient access to surgical care. This additional funding was provided for home care case management and therapies support for pre-operative education and rehabilitation after hospitalization. Some of the funding was also directed towards staffing and supplies in the operating rooms. The Region met the target that no person will wait for more than 12 months for a surgical date in SCHR.

SCHR is working with tertiary centres to help reduce their wait lists and increase itinerant surgical output work to implement initiatives of the Saskatchewan Surgical Initiative (SkSI), a multi-year, system-wide plan to transform the patient surgical experience and reduce surgical wait times to 90 days or less by 2014. Surgical targets for 2012/12 for Day Surgery of 378 procedures and Inpatient surgery of 300 procedures were proposed.

Results: Provide Emergency Medical Services.

Emergency Medical Services (EMS) in SCHR provided slightly fewer calls in the 2011-12 fiscal year: 4,540 calls compared to 4,558 calls the year before. Emergency staff travelled 770,672 kms during the year, more than the 752,338 kms the year before.

Service is available on a 24-hour basis, across the Region by the following providers:

- Primary Care paramedics (PCPs),
- Intermediate Care Paramedics (ICPs),
- Advanced Care Paramedics (ACPIs).
- Emergency Medical Responders (EMRs)

Results: Children's Oral Health Initiative

Oral Health Assessments of all preschool children in SCHR began January 2012. Implementation of a Fluoride Varnish program and the Dental Sealant Program (Grade 1 students) also started in January. Motivational Interviewing training was offered in December. All children aged 0-4 who are identified as "at risk", through the oral health assessment, will receive a minimum of two fluoride varnish applications in Year 1. Fluoride mouth rinse supplies distributed to 19 area schools, with over 1,700 students participating.

Results: Implement initiatives resulting from discussions from the Memorandum of Understanding on First Nations Health and Well-Being process.

The implementation of initiatives resulting from discussions with the Memorandum of Understanding on First Nations Health and Well-Being activities have begun. Program partnerships are being developed in order to improve service linkages.

Results: TeleHealth

The addition of Telehealth suites at Midale, Fillmore and Radville resulted in the strategic placement of Telehealth within 30 miles of every resident and staff member of SCHR. Older equipment was replaced in Weyburn, Estevan and Kipling. Clinical use connecting health

care providers from within the Region, the province or other provinces at any of the 17 locations included Mental Health, Chronic Disease Management, Acute Care Assessment and Treatment, Cancer Care, Surgical Care, Pre-operative appointments, Genetic Counselling, Discharge Planning, and Research. Telehealth sustains the communication network among family, health, school and community in the team approach to care.

Sites at Arcola, Midale and Radville enhance the work of the Primary Health Care Team at those locales. Discharge planning, specialist consulting and preceptorship by telehealth enable a seamless transition from tertiary specialist care to care within the region increasing most in the provision of Mental Health services.

Telehealth is an integral part of each project identified in the Strategic Plan as weekly meetings are held across the region to gather information, plan and implement change, and evaluate and provide feedback as required.

Best practice guidelines are established so that electronic communications including Telehealth are used to allow patients to remain in their own community and to access care regardless of socioeconomic status.

The recruitment and retention of professionals was aided as providers in larger centers provided preceptorship via Telehealth. Support groups used Telehealth to include members from throughout the rural regions of SCHR.

Local Health Care Foundations assisted with funding for equipment purchases so that the right provider might provide the right care at the right time in the right place via Telehealth. SCHR has scheduled ongoing and recurrent educational sessions throughout the region so that all staff members receive the same communication in Quality Improvement, Patient Safety and Infection Control.

Strategy: Residents have access to ongoing care from a primary health care provider.

Results: Primary Health Care

Primary health care has often been described as the every day care that a person needs to protect, maintain, or restore health. It is often a person's first point of contact with the health system. The strength, capacity and development of the care team responding to community and population need enhances the care for SCHR residents.

A refocus provincially on Primary Health Care introduced Patient Centered, Community Designed, Team Delivered: A framework for achieving high performing Primary Health Care system in Saskatchewan. The Vision is that Primary Health Care is sustainable, offers a superior patient experience and results in an exceptionally health Saskatchewan population.

Improving access to quality health care services through collaborative team- based care is a priority in SCHR. Highlights from our team-based Primary Health Care sites include:

- Carlyle Primary Health Care Team continued to focus on team-based chronic disease management clinics and services. The team's work on Collaborative Care practice has been acknowledged through a request for the Nurse Practitioner who presented at the provincial Courage to Lead Conference.

- Lampman/Midale Primary Health Care Team has expanded to include Estevan Medical Centre. This recent expansion will lead to expanded team- based care services to Estevan and area.
- Maryfield Health Centre Team has entered into further partnership with Moosomin Family Practice in the expansion of the Electronic Health Record to Maryfield Centre – a partnership opportunity between SCHR and Regina Qu'Appelle Health Region.
- Rural West Primary Health Care Team has been acknowledged internationally with its involvement in the Interdisciplinary Collaborative Practice & Learning Environment research project, and provincially as the recipient of a Saskatchewan Health Excellence Award for Health of the Population.
- Coronach/Assiniboia Primary Health Care Team is a new venture for the Region. SCHR's partnership with Five Hills Health Region in developing a plan between Assiniboia PHC team and Coronach & area. This early stage of development includes a community consultation and meetings that focus on team and program development until the formal partnership with the existing team in Assiniboia occurs. Recruitment of additional key members such as a Physician and Nurse Practitioner continues.

Results: Chronic Disease Prevention and Management

All Primary Health Care (PHC) Teams are working to improve access to their services and programs. Regional PHC teams are involved in Clinical Practice Redesign, as part of the Saskatchewan Surgical Initiative, designed to improve access and reduce delays for patients, residents and clients; improve patient experience and provider experience.
Below are sample results from patient satisfaction surveys completed in four primary health care teams:

- Care provided met expectations: 82 per cent said yes.
- I am given the help I need when I need/want it: 72 per cent said yes.
- I am likely to refer friends/family: 81 per cent said yes.

PHC Teams are also involved in several **Chronic Disease Management** initiatives aimed at engaging patients in their care. Programs under that umbrella include:

Cardiac Rehabilitation - SCHR established a home-based cardiac rehabilitation program in December 2011. It is a flexible, self-management program designed to improve the availability and access of individuals to cardiac rehabilitation in the Region. The program helps address the need for a cardiac rehabilitation program that can reach out to the individuals in the many small cities and towns in SCHR.

The program is unique in that it is the first home-based cardiac rehabilitation program in Saskatchewan and home-based programs have been shown to have the same outcomes as traditional inpatient cardiac rehabilitation programs (Canadian Guidelines for Cardiac Rehabilitation and Cardiovascular Disease Prevention, 3rd edition, Canadian Association of Cardiac Rehabilitation).

Results from the post-program questionnaires, thus far, indicated that 79 per cent of the participants agree or strongly agree that they set goals for them to help manage their heart condition compared to 32 per cent who indicated they set goals for themselves for their heart condition pre-program.

As well, 89 per cent agree or strongly agree that they eat a healthier diet post-program compared to 36 per cent pre-program, and 100 per cent agree or strongly agree that they have a better understanding of their heart condition and 95 per cent agree or strongly agree that they are more confident in their ability to live with their heart condition post-program

Early Detection Chronic Kidney Disease (CKD) – The Early Detection CKD program has received referrals for 26 patients. Some of these referrals have been for patients in Stage 3 and 4. Since the program was established for patients in Stage 1 and 2, the team has worked with the family physicians and the nephrologists to enhance the referral process so that the patients receive the appropriate level of care. Plans are to spread the CKD clinic to Estevan in the fall.

Diabetes – The diabetes program's Diabetes Education Module had 12 staff successfully complete the program since January of 2012. One of the Region's Diabetes Nurse Educators attained the Certified Diabetes Educator and status this year. Diabetes clinics are strategically held across the Region within the team-based care model, with the addition of group visits held for people living with diabetes to improve the flow of referrals into the program.

Chronic Obstructive Pulmonary Disease (COPD) - Staff has been trained in the Spiro TREC course so they can perform the spirometry testing used to aid in the diagnosis of COPD. An interpretation course was held for reading the spirometry testing results and this was attended by several staff and physicians. Currently, spirometry testing is available in Bengough, Carlyle, Estevan, Lampman, Radville, Maryfield, Redvers, and Weyburn. Team-based COPD clinics are available in Bengough and Radville. There are plans to establish team-based COPD clinics in Estevan and Weyburn.

Depression – The work in depression involved several education sessions to providers on the use of the PHQ-9 tool to screen for depression. The shorter PHQ-2 has been incorporated into the Therapies client questionnaire for all patients receiving their services. The Depression Self-Management Toolkit was printed and distributed to mental health providers and Nurse Practitioners and was posted on the Sun Country Health Region's website.

Live Well™ with Chronic Conditions – The Live Well™ with Chronic Conditions program is a self-management support program that provides people living with a chronic condition and their caregivers an opportunity to learn and share ways to take control of their chronic condition. There are 10 trained peer leaders in SCHR who are leading sessions in various communities throughout the Region. Two local master leaders have been trained. This will allow peer leaders to receive their training locally. The Live Well™ with Chronic Conditions program is a provincial initiative with local guidance provided by the SCHR Live Well™ with Chronic Conditions Advisory Board. The main objectives for the upcoming year are to train additional peer leaders across the Region to continue offering the program each spring and fall in more communities. Various communities across the Region have hosted 17 Live Well™ with Chronic Conditions sessions with a total of 151 participants completing the workshops.

Strategy: Promote a culture of patient/resident/client safety.

Results: Medication Reconciliation program

The spread of medication reconciliation is ongoing in Sun Country Health Region with over 90 per cent of staff in the facilities receiving the initial education session. Education sessions and audits are occurring at those sites. Recent audit results from St. Joseph's Hospital of Estevan show an increase in compliance with the complete medication reconciliation process (improved to 65 per cent in August from 10 per cent in May).

Results: Falls Prevention

SCHR implemented the Safer Healthcare Now! Falls Prevention Bundle, as part of the SCHR Falls Prevention Program. The spread of Long Term Care Falls Prevention program continues throughout the Region. Approximately 50 per cent of facilities have implemented the program.

Information on the number of falls reported through the patient safety occurrence reporting process was shared with facility managers and staff. Several of the Releasing Time to Care units have selected a falls risk assessment tool and have been monitoring falls utilizing a safety cross.

Results: Fully implement all components of the Surgical Site Infections (SSI) Bundle from SHN!

An audit sheet has been developed to monitor compliance with the surgical site infections bundle. This audit incorporates the surgical safety checklist. Compliance with the checklist is high, reaching 100 per cent by March 2012.

Results: Evaluate and improve the implementation of the 3-part Surgical Safety Checklist.

In 2008, the World Health Organization developed a surgical checklist to ensure that surgical patients were as safe as possible. The Surgical Safety Checklist is a series of questions, in a checklist format, that a surgical team (surgeon, anesthetist, nurses and patient) will go through during three separate times: before anesthesia, before incision and before the patient leaves the operating room. The Surgical Safety Checklist was designed to increase communication between members of the surgical team and decrease the potential for surgical errors to occur.

In 2011, Sun Country Health Region began using the checklist in the operating rooms in the Region. The most recent results show that 93.5 per cent of surgeries in the Region have correctly completed all of the steps in the checklist. Making sure each of the team members is included in the checklist all three times has been the most challenging issue to overcome.

Introducing Releasing Time to Care: Some members of the Releasing Time to Care (RTC) staff at Arcola Health Centre gather for a picture. In the back row, from left to right are: standing, Karon Dukart, Charlene Stephenson, Dianne Wilson, Joanne Hollingshead (sitting); Carol Brown (standing); Kim Penney, sitting; three in pink -Nora Houston Donna Matsalla, Wendy Hase. In the front row, from left to right, sitting is Ashley Johnson, kneeling are Florence Brownridge, Audrey Le Nouail, and Tannis Wilson. The Arcola RTC group has created a vision statement to guide their work, that says: "(We are) Striving to provide excellence through teamwork and patient/family centred care in an environment that embraces change to continually improve our quality of care."

Goal 2 – Healthy environments that allow residents of SCHR to live healthy, active lifestyles are promoted.

This goal complies with the Ministry of Health Strategic Operational Directions (SOD) Goal 2 – Health of the Population:

2.1 Improve population health through health promotion, protection and disease prevention.

2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities.

Strategy: Support the development of healthy active communities through education on personal choices and their impact on health status. Support and develop broader healthy public policies.

Results: Improve Immunization Rates

The Sun Country Health Region 2010/2011 immunization coverage rates exceeded the overall Saskatchewan coverage rates in the two year old age group. The Region's coverage rates for each antigen are consistently among the highest in the province.

Some of the SCHR up-to-date coverage rates for two year old children are:

- MMR (mumps, measles and rubella) vaccine coverage in SCHR for two year old children was 79 per cent compared to 71 per cent for Saskatchewan.
- Meningococcal C vaccine coverage was 91.8 per cent compared to 85.2 per cent for Saskatchewan.
- Chickenpox (varicella) vaccine in SCHR for two year old children was 88 per cent compared to 84 per cent for Saskatchewan.

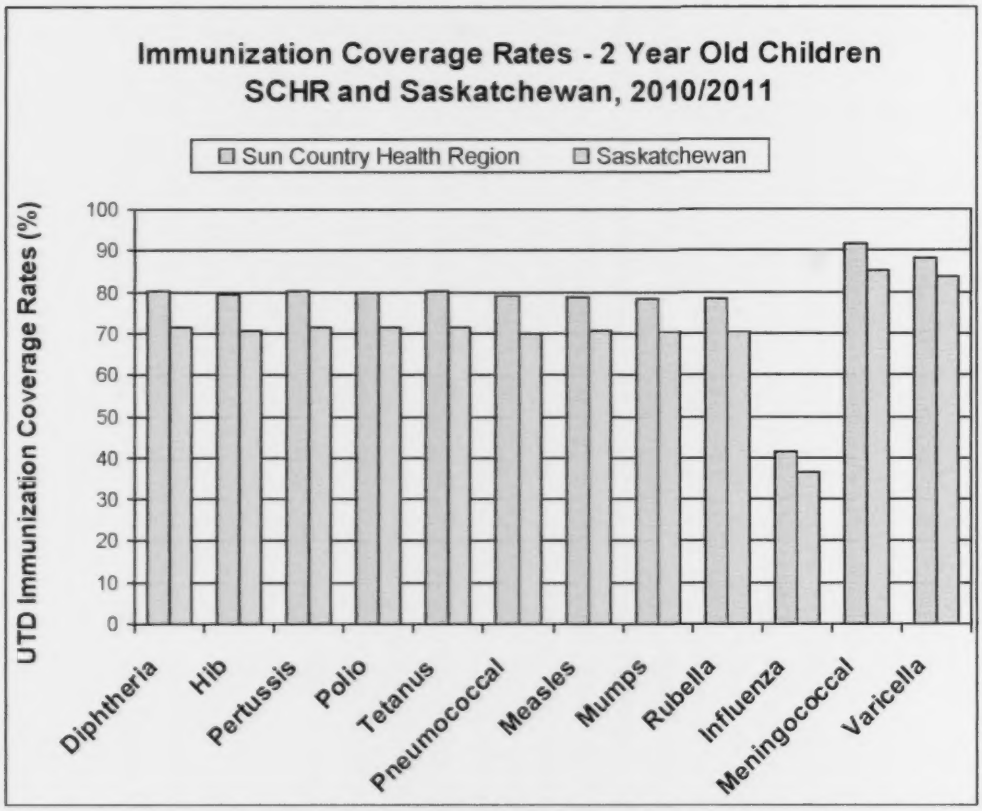


Figure 38: Immunization Coverage Rates for 2 Year Old Children, 2010/2011
Source: Immunization Coverage Rates for Two Years Old Children Registered in SIMS by Regional Health Authority in Saskatchewan (2010/2011), Saskatchewan Ministry of Health

- **Seven Year Old Children's Immunizations are Up-to-date**

Sun Country Health Region maintains the excellent coverage rates that are achieved in infancy and early childhood as evidenced by the up-to-date immunization coverage rates at the age of seven years. The Region's coverage rates are the highest in the province for this age group and have increased in 2010-2011 from the rates the previous year (see Figures 39 and 40).

MMR (mumps, measles and rubella) immunization coverage in SCHR for seven year old children was 94 per cent compared to Saskatchewan which was almost 90 per cent. The varicella coverage rate is for children who were immunized. It was 54 per cent for SCHR and 53 per cent for Saskatchewan. Immunity to varicella includes immunity from infection from chicken pox. The immunity from previous disease and immunization combined is 89 per cent for SCHR and 59 per cent for Saskatchewan.

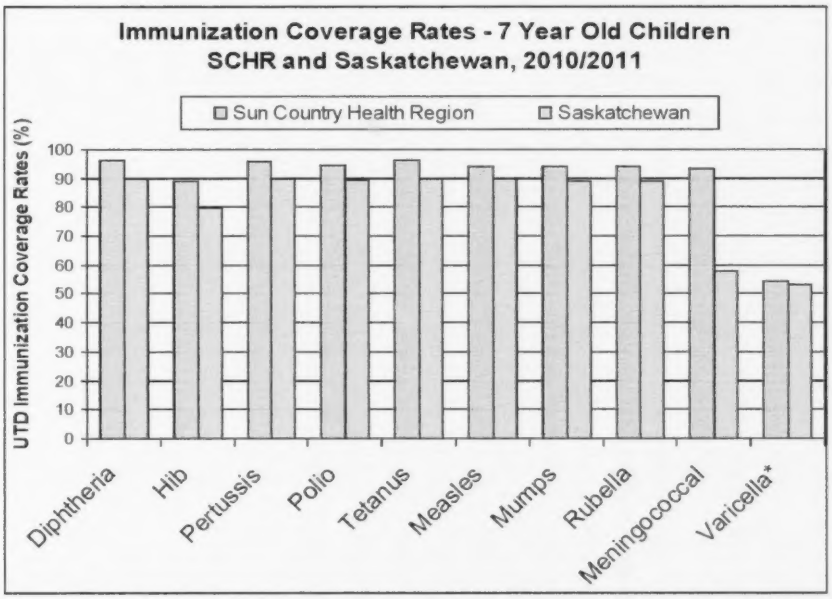


Figure 39: Immunization Coverage Rates for 7 Year Old Children, 2010/2011

Source: Immunization Coverage Rates for Seven Year Old Children Registered in SIMS by Regional Health Authority in Saskatchewan (2010/2011), Saskatchewan Ministry of Health

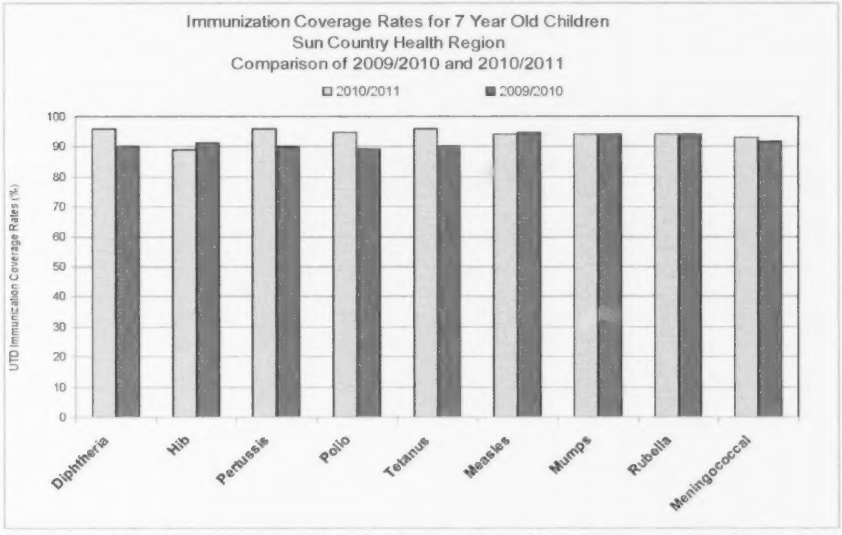


Figure 40: Comparison of Immunization Coverage Rates for 7 Year Old Children – 2009/2010 to 2010/2011

Source: : Immunization Coverage Rates for Seven Year Old Children Registered in SIMS by Regional Health Authority in Saskatchewan (2009/2010), and 2010/2011tSaskatchewan Ministry of Health

- **Long Term Care Residents Immunizations**

The 2011/2012 immunization coverage rates for SCHR long-term care/special care home (LTC) residents are:

The resident influenza immunization rate is 91.1 per cent (was 90.9 per cent in 2010/11 and 92.5 per cent in 2009/10). The facility rates range from 78.3 per cent to 100 per cent.

The influenza coverage rates from 2003/04 to 2011/12 are shown in Figure 41 below.

The resident pneumococcal vaccine coverage rate is 90.3 per cent (facility rates range from 78.9 per cent to 100 per cent) and compares to the coverage rates of 91.6 per cent 2010/11 and 92.5 per cent in 2009/10.

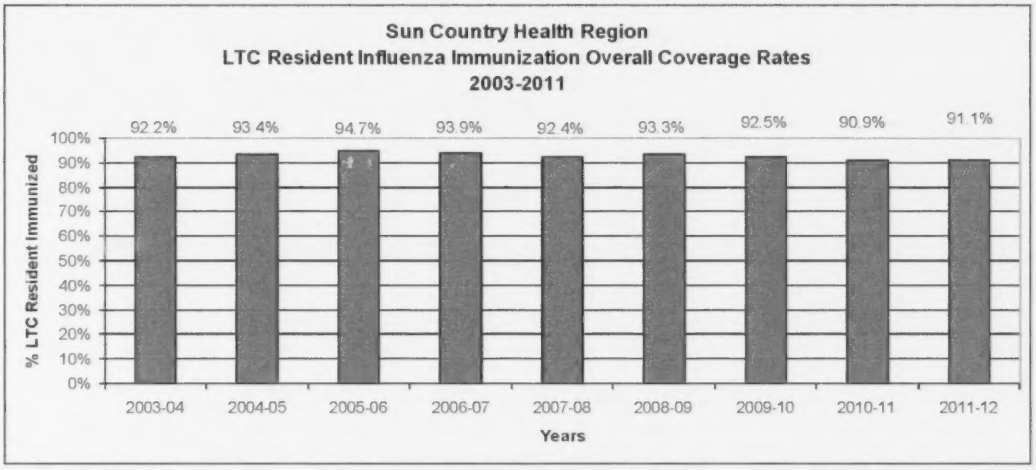


Figure 41: Influenza Immunization Coverage Rates for LTC Residents 2003/04 – 2011/2012
Source: Public Health Office, SCHR

- **Health Care Worker Influenza Immunizations**

Protecting staff from seasonal influenza also serves to protect the residents, patients and clients. The over-all coverage rate for all SCHR employees declined to 74.5 per cent in 2011/12 compared to 81.9 per cent in 2010/2011 (inactive staff are excluded from the coverage rate).

The influenza immunization coverage rate for employees working in SCHR long term care facilities in 2011/2012 was 75.8 per cent compared to the coverage rate of 76 per cent in 2010/11 and 82.4 per cent in 2009/10. Facility rates ranged from a low of 53.6 per cent for Galloway Health Centre in Oxbow to 100 per cent for the Fillmore Health Centre and Bengough Health Centre.

The influenza coverage rates for health care workers in long term care facilities from 2002/03 to 2011/12 are shown in Figure 42 on the following page.

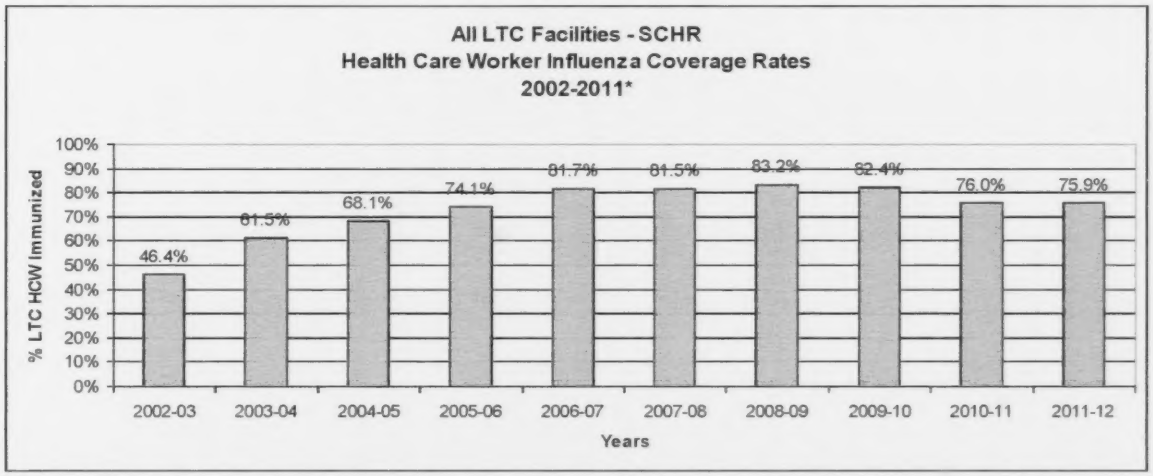


Figure 42: Influenza Immunization Coverage Rates for LTC Health Care Workers, 2002/2003 to 2011/2012
Source: Public Health Office, SCHR

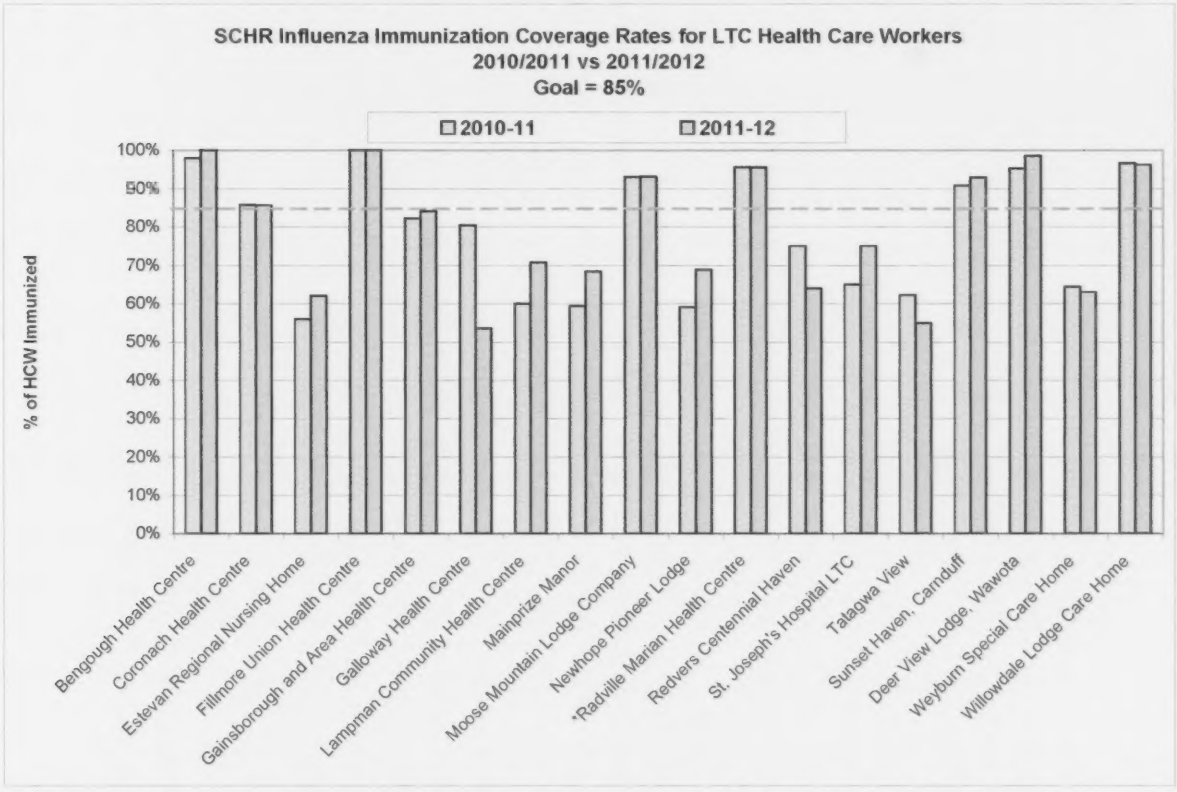


Figure 43: Influenza Immunization Coverage Rates for LTC Health Care Workers, 2010/2011 vs 2011/2012
Source: Public Health Office, SCHR

The 2011/2012 overall influenza immunization coverage rate for SCHR acute care staff was 74.7 per cent and it ranged by health care facility from a low of 62.9 per cent at Weyburn General Hospital to a high of 90.5 per cent for Arcola Health Centre. Individual facility rates are shown in Table 11.

Table 11 - Influenza Immunization Coverage Rates for Acute Care Facility Staff, 2011/2012

Acute Care Facility	Number of Staff	Number of Staff Immunized	Percentage of Staff Immunized
Arcola Health Centre	42	38	90.5%
Estevan - St. Joseph's Hospital	247	189	76.5%
Kipling Memorial Health Centre	57	51	89.5%
Weyburn General Hospital (preliminary)	178	112	62.9%
Acute Care Total:	**530**	**396**	**74.7%**

Source: Public Health Office, SCHR

Strategy: Health promotion and disease prevention programs are delivered within SCHR.

Results: Public Health Nursing

A review of the Public Health district offices' existing permanent staff and the demographics of the current geographic catchment areas has been completed. SCHR continues to support public health nursing areas that enhance public health nursing service delivery and workload, promote patient safety, and achieve the vision of the Region. The review indicated a need to reallocate nursing services to make workloads more equitable. Consideration was given to travel distances, trade patterns, office locations, populations served, and number of schools, etc.

Strategy: Support children and families to live in a safe, healthy environment

Results: Southeast Regional Intersectoral Committee (RIC)

Data to Action: As an important follow-up to Prairie Children... Prairie Futures, Understanding the Early Years (UEY) project, which had, as a core objective, to build the capacity of communities to understand and use the data from the Early Development Instrument (EDI) to make informed decisions around early childhood. The RIC has engaged the services of Kevin Tunney who partnered with Rob Gates from the Early Years Branch to include all available data from the EDI, In Hospital Birth Questionnaire and Community Risk Indicators. This information regarding strengths and challenges in children under five years of age has been shared with the study areas in SCHR, Redvers, Carlyle, and Radville. Future presentations are scheduled for additional study areas within SCHR. Regional KidsFirst Developers, Population Health staff, and other areas and have been actively supporting these presentations. The South East RIC is providing further support with seed money for grants (up to $2,000 per study area) for community projects that address presented challenges.

Pre-K Kits: In partnership with South East Cornerstone School Division, a series of Family Friday Interactive Modules were created for family engagement based on the five domains of the Early Development Instrument, with a nutritional component. (The five are Physical Health and Well-Being, Social Competence, Emotional Maturity, Language and Cognitive Development, Communication Skills and General Knowledge) The Pre-K children and their families are invited to a Family Friday Event for each module. Subsequently, materials are sent home for continued learning, engagement and development. The kits are now complete and will be delivered to 675 children in the Pre-K programs in the South East RIC.

Strategy: Support children and families to live in a safe, healthy environment.

Results: 40 Developmental Assets

SCHR Health Promotion staff and the Regional Intersectoral Committee gave a presentation on asset building to three central communities in Southeast Cornerstone School Division and Sun Country Health Region. The communities of Weyburn, Moosomin and Estevan had representation from School Community Councils across Southeast Cornerstone School Division.

The presentations provided a basic understanding of the 40 Developmental Assets, suggestions for asset builders, strategies for educators, and an overview of the Southeast Cornerstone Division/Holy Family aggregate report. Staff attended "Training of Trainers: Essentials of Asset Building" workshops and now health promotion staff are trained to deliver "Everyone's an Asset Builder" and "Speaking of Developmental Assets" workshops. This also involved education sessions to assist schools to succeed and creating community collaboration; strategic planning and increasing organizational impact.

The Understanding the Early Years dissemination plans were completed for Redvers, Radville and Carlyle. This includes community development activities to identify strengths and weaknesses. Various presentations provided to school community councils regarding 40 Developmental Asset approach. Parents have been engaged and continue to explore opportunities for partnerships and improvements.

Results: Breast feeding

Exclusive breast feeding data has been collected by both St. Joseph's Hospital and Public Health Nurses for 2011. An intervention (LATCH tool) will be implemented in January 2013 to increase exclusive breast feeding rates. Data collection will be repeated after two months and four months of initiation to assess if there is any change in exclusive breast feeding rates with the enhanced programming. The updated policy is complete.

The rate of exclusive breast feeding varied widely during the year with a peak of 83 per cent in September to below 40 per cent in December. The over-all trend shows a decline from January 2011 to March 2012.

Rates of infants who are exclusively fed breast milk from birth in 2011 (prior to the intervention) are:

- 40.3 per cent of infants seen at their appointment for 2 month immunizations (ages two months to less than four months of age);

- 20.8 per cent of infants seen at their appointment for their four month of age immunizations (aged four months to less than six months of age).

Results: Autism Spectrum Disorder (ASD) Program

SCHR's Autism Spectrum Disorder program will receive $10,000/year for three years as part of the Ministry of Health enhancement initiative. In conjunction with this funding, the Region is finalizing negotiations with Regina Qu'Appelle Health Region for additional funding of approximately $24,000 – $30,000 to enhance existing clinical/direct services to clients in the Region.

Strategy: Families in need are supported

Results: Addiction Program

A new, temporary position within the program was created to identify employee substance abuse issues in the workplace, particularly with respect to the oil and mining sectors in Sun Country Health Region. This staff member will work in partnership with regional industry from December 2011 to December 2012 to help create a safer work environment. A brief workplace assessment will be conducted to identify existing problems with substance abuse, in partnership with industry safety personal. There will be assistance to provide willing participant oil and mining services with resources to prevent/reduce substance abuse issues, and perform brief individual industry assessments. The development and delivery of substance abuse prevention workshops will be provided.

Results: West Nile Virus (WNV)

There were no human cases of WNV were reported in SCHR in 2011. There were a total of three WNV-positive mosquito pools reported for the Region in the summer of 2011.

Results: Mental Health

SCHR maintained the psychiatric inpatient unit in the Region, in spite of some recruitment issues during the year. Patient safety is our first priority. Leadership is making strong efforts to recruit for psychiatrists, expecting an additional psychiatrist to join the team in 2012.

Goal 3 – SCHR is a healthy, safe workplace able to attract, support and sustain a competent, skilled and engaged Workforce.

This goal complies with the Ministry of Health Strategic Operational Directions (SOD) Goal 3 – Providers:

3.1 Work together to build a workplace that supports the adoption of both patient and family-centres care and collaborative practices
3.2 Work together to create safe, supportive and quality workplaces
3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers.

Strategy: Sun Country Health Region is a healthy, safe workplace.

Results: Workers' Compensation Board (WCB) Lost Time

Due to system changes at the WCB, data is only available for the period April 1, 2011 to December 31, 2011. During that period, the number of reported WCB lost time claims per 100 FTE remained relatively unchanged from the previous year. In a region-by-region comparison, SCHR continues to be in the lower half of all regions with respect to the number of these lost time claims.

In addition, the lost time days (or duration) per 100 FTE of claims by employees in SCHR has decreased by over 10.9 per cent in 2011-12 from last year. Despite the fewer number of claims, statistics indicate the duration of claims by SCHR workers in days lost is among the highest in health care in Saskatchewan. Efforts in 2011-12 focused on implementing initiatives to reduce the number and duration of work-related claims - including continuation of the purchase or replacement of electric beds, patient lifts for all facilities and educating workers in proper transfer, lift and repositioning techniques. When a lost time injury does occur, SCHR works collaboratively with workers, unions and health care professionals to implement an optimum recovery plan for the injured worker.

Table 12

Days Lost in 2011-12 (for the period April 1, 2011 to December 31, 2011)				
	Q1 2011-12	Q2 2011-12	Q3 2011-12	Q4 2011-12
# Claims per 100 FTE	1.00	.97	1.20	n/a
Days Lost per 100 FTE	91.20	88.58	81.71	n/a

Results: Sick Leave

Utilization of sick leave hours has decreased by 6.4 per cent in 2011-12 from the previous year. Despite this reduction, sick leave by SCHR staff members remains high and near the provincial average. Sick leave usage impacts SCHR costs and productivity. If replacement staff members are not available, it may impact the quality of service provided to residents, patients and clients.

Results: Lean

The Lean Specialist has trained over 30 per cent of regional staff in Introduction to Lean: Walk this Way. After taking the introductory course, hundreds of projects ideas have been submitted to the CQI department. Staff members are excited to put their knowledge into action and many opportunities for improvement. Projects such as 5S focused on the efficient organization of work areas and have been completed. The Lean Specialist and the CQI Department work, with the 12 CQI Teams across the region, to teach and facilitate new tools such as process mapping, value stream mapping, FMEA (Failure Modes Effect Analysis), measurement analysis and run charts.

In September 2011, the CQI Department started a monthly Telehealth workshop focused on QI and Lean called "Quality Corner." This is a 45 minute session explaining a Lean tool or QI process that all staff can use in their everyday work. There were six workshops in 2011-12 with topics on QI Basics, Run Charts, Improvement Boards, Clinical Practice Redesign, and Measurement.

The CQI Steering Committee committed to host a Quality Symposium for SCHR staff in March 2012. The CQI Department and a regional planning group coordinated the planning of this event. This exciting event highlighted regional QI efforts, QI and Lean work from other organizations and breakout session on QI tools.

SCHR and the CQI Department have committed to building Lean capacity through the creation of a level 2 Lean training that is called Flight 201. Participants have been recruited and a curriculum developed. This training will build the knowledge of Champions throughout the Region to support the great work that is taking place. These Champions will have continued support from the Lean Specialist, but will have the capacity to take on projects and help in the facility on an as-needed basis. The class is open to up to 40 participants this round and if the need is there will run another class in upcoming months.

100 per cent of Mental Health and Addictions staff are using tools developed as a result of Lean process. Three Lean Kaizen projects were begun.

LEAN PROJECTS:

1. **Standardized Provincial Documentation Screening and Assessment tool Kaizen** – Tool used to provide more consistent documentation throughout province.
   - All Mental Health and Addictions staff in SCHR have received provincial Kaizen based training in the use of the tools - December 2011.
   - Child and Youth and Intake Program staff have completed a pilot related to Screening and Assessment tools. Tools are now utilized by all Mental Health and Addictions staff since February 2012.

2. **Transition/Discharge Reduce Inactive Caseloads Kaizen** – All Mental Health and Addiction client files, (with the exception of Psychiatry and Mental Health Rehabilitation Program) where there is no documented clinical activity for two months, will be closed.
   - In order to maintain a standard of 60 per cent direct clinical service, the number of clients who fail to attend clinical sessions and developing strategies to reduce client "No Shows" are tracked.
   - Evidence-based practices are being used to measure client progress and outcomes.
   - Child and Youth are utilizing a Child and Adolescent Functional Assessment Scale to determine the amount of support a child requires.
   - All staff will be trained in the Client Directed Outcome Indicator by February 2012. This measure will be used by all clients/staff by March 31, 2012.
   - Current wait lists, for elective counselling/therapy services
     - Child/Youth in both Weyburn and Estevan = 0
     - Adult Program Weyburn = 13, reduced from a recent high of 21.
     - Adult Program Estevan = 18, reduced from a recent high of 23. With three exceptions, wait time for services is approximately four weeks.
     - Clients assessed as requiring urgent services are usually seen the same day; Clients assessed as emergent are seen within 2-7 working days).

3. **Failure Mode Effects Analysis Kaizen** – The Child and Youth Psychologists met as a team in December 2011. The team has considered the possible failures that do/may occur, and has begun to identify the causes of failures. Next it will prioritize the failure modes; redesign the process used; and following an analysis, implement and monitor the re-designed process.

Results: Releasing Time to Care (RTC)

Sun Country Health Region has eight RTC teams created over the last three years. RTC utilizes modules to teach staff the tools that are needed to incorporate quality improvement into their everyday work. The ultimate goal of RTC is to increase the amount of direct care time spent with patients. All teams work on four key objectives: improve patient experience, improve patient safety, improve efficiency and reliability, and improve staff engagement/ satisfaction. All teams complete three foundational modules: Well Organized Ward (WOW), Knowing How We Are Doing (KHWD), and Patient Status at a Glance (PSAG). The teams then work with all staff to decide priority areas and choose which additional modules to work on. Each one of the teams has created an RTC Board which is used as not only an information tool as to what is happening on the ward but also is a place to hold weekly update/information meetings. Measures and the progress made are displayed. These information meetings work as a mechanism of involving all Departments, Senior Leadership, the Board, and also to members of the public. A Facilitator assists the teams with the completion of the modules as the staff members learn the new tools.

The Minister of Health highlighted the RTC work in Sun Country Health Region with a special visit and tour in the fall of 2011.

The following teams are listed in order of creation with a brief description of their key accomplishments.

- **Weyburn General Hospital 3rd Floor**
  - Has increased efficiency and appearance of the unit by Wowing the entire floor, with involvement from housekeeping, maintenance as well as other support services
  - Have completed the PSAG module in which all disciplines have an at a glance, quick reference to exactly what every patient status is without always having to pull and look through the chart.
  - Surveys are ongoing on the ward to monitor the status and progress of the changes that are taking place. These surveys are completed by the staff and the patients that they are serving.

- **St. Joseph's Hospital Unit A**
  - Have completed all of the foundation modules and have been working on the Process Module portion of the RTC program
  - Unit A has been steadily working on the shift handover, meals, and medication process modules and as they get close to completed a module they are identifying where they are going to focus future efforts
  - Unit A has focused on medications and has seen some initial decreases in the number of medication error following some of the interventions that were implemented.
  - This team has seen tremendous results following an initial focus on hand hygiene. They increased hand hygiene compliance from 25 -100 per cent and are now sustaining compliance at an average of 83 per cent per month.

- **Weyburn Inpatient Mental Health**

  - The Inpatient Unit has also completed all of the foundation modules
  - The team is currently working on three process modules: The meals module, medication module and the therapeutic interventions module
  - The team has just completed a focus group with a group of patients to better understand the needs, expectations and obtain feedback from patients who have spent time and sought service on the unit. Twelve patients from the focus group were individually interviewed with seven of the twelve having a second, in-depth interview to develop an improvement plan.
  - This Unit has done an extraordinary job of engaging the staff. Everyone who works on the unit has been involved previously or is currently taking part in the ongoing RTC journey.

- **St. Joseph's Emergency Department**

  - St. Joseph's Emergency Department has completed the foundational modules and is working on the meals module.
  - This team Wowed their department, using a Kanban system. A Kanban system is a very visual/systematic approach for the ordering and management of supplies. This unique way of materials management allows for the finding and ordering of supplies to be done by anyone, whether they are familiar with them or not. They have been able to downsize the inventory levels as well as decrease the time that it takes to find items.

- **St. Joseph's Maternity/Unit**

  - St. Joseph's maternity/Unit B RTC team has completed the foundational modules. Staff chose to focus on increasing patient safety with a particular focus on the risks associated with mothers sleeping with babies.
  - This team has also developed a short patient experience survey. The RTC Facilitator meets with patients monthly and asks the survey questions.

- **Arcola Health Centre**

  - Arcola Health Centre has completed the three foundational modules.
  - This team has had incredible support throughout their facility, with staff from throughout the facility attending the weekly board meetings.
  - The team has successfully integrated its RTC work with other initiatives such as hand hygiene, medication reconciliation and the falls collaborative.

- **Kipling Memorial Hospital**

  - Kipling Memorial Hospital RTC Team has completed the first two modules of RTC.
  - They have done an extraordinary job of engaging staff through a variety of mechanisms. They were presented with the problem of how to communicate changes to all staff when individuals are working shift work. The team decided they would use five means of communication to ensure staff was well-informed of changes occurring on the ward. These mechanisms included a newsletter, a Facebook group, an RTC communication book, an RTC board, and word of mouth.

- **St. Joseph's Long Term Care Unit**
  - St. Joseph's Long Term Care RTC Team has finished the Well Organized Ward and Knowing How we are Doing module. It is working on Patient Status at a Glance.
  - The team has improved efficiency on the unit through the WOW work that has been done. It is working on the second tub room.
  - The team has developed and almost finished conducting a short (four question) patient satisfaction survey.

Results: Aboriginal Awareness

The Region began classroom-style orientation sessions for new workers in 2011 which included Aboriginal Awareness Training. By the end of March 31, 2012, Aboriginal Awareness Training had been provided to 83 per cent of staff.

Strategy: A Region-wide 10 year workforce plan that focuses on current and future workforce demands is in place.

Results: Physician Recruitment Strategy:

SCHR is very appreciative of the work of physicians. The recruitment of physicians to SCHR remains a challenge due to the limited supply and the high demand for physician applicants. In addition, physician applicants have significant location choices when considering where to practice.

This supply/demand relationship puts considerable pressure on the Region's ability to retain physicians. Despite this, SCHR has recruited new physicians to the Region since April 1, 2011 and will continue looking both domestically and internationally for physicians who want to practice in Saskatchewan. In implementing its recruitment efforts, SCHR works in collaboration with Saskdocs, engages national and international recruitment consultants, advertises on web sites, advertises in targeted media forums, provides educational and mentorship opportunities for medical students and medical residents and works with communities who are also trying to recruit physicians to their area.

A 12-week placement was provided for the first resident in the new program to train future specialists in public health and preventive medicine for the province. The Region's Medical Health Officer was his placement supervisor. It was a great opportunity for the Region to work in collaboration with the University of Saskatchewan in this training initiative.

Results: Sun Country Health Region Student Bursary Program

From April 1, 2011 to March 31, 2012 SCHR awarded 50 student bursaries plus five Student Rural Bursaries to students in health care programs where they are being trained for positions which are deemed "difficult-to-fill." Bursary recipients in 2011-12 include health care students in the following programs: 42 in registered nursing; two in physical therapy; two in the paramedic program; one in medical lab technology; and three medical students.

The Student Rural Bursaries are specifically awarded to nursing students who wish to work in our rural-based facilities. This Student Rural Bursary is a collaborative effort with the

Saskatchewan Union of Nurses. Generally, in return for any SCHR Student Bursary, recipients agree to complete a return of service to SCHR.

Strategy: Workplace dynamics and innovations provide opportunities for job enrichment.

Results: Employee Engagement Survey

As follow-up to the Employee Engagement Survey at the end of the 2010-11 financial year, SCHR has conducted followup activities such as focus group sessions with over 30 staff members in order to understand details of the feedback. In addition, training was provided to over 50 managers on the staff's feedback, the benefits of staff engagement and how best to achieve optimum two-way interaction with their staff. The over-all purpose of the Employee Engagement Survey was to collect the opinions and views of all employees regarding SCHR's organizational vision, policies, work environment and culture, teamwork, opportunities for professional growth and customer or patient/client interaction.

Results: Wage Driven Premium Hours

The wage driven premium pay (such as overtime and call back) paid to unionized workers decreased by 11.9 per cent in 2011-12 as compared to the previous year. According to data provided, SCHR pays less wage driven premiums than most other Regions in Saskatchewan. In 2011-12, this cost was substantially lower than the provincial average. Premium pay is provided according to collective agreements where workers are required to work additional hours as there is no other available worker available to work at regular wage rates. Worker illness, vacation (or other leaves), lack of relief workers and outbreaks all contribute to the need to pay premium pay to workers. In other cases, the general nature of the work contributes to additional overtime.

ANOTHER WAY TO RECRUIT: Melanie Hepp, left, one of three pharmacists on the staff of Sun Country Health Region, shows Grade 12 student Ricki Giroux some of the processes used to identify and fill prescriptions. Ricki belongs to the Saskatchewan PreHealth Professionals Club, which helps students interested in a health care career. She hopes to enter the pharmacy program after high school and spent time shadowing a pharmacist.

Goal 4 – SCHR provides health services through a sustainable, efficient and accountable system.

This goal is consistent with the Ministry of Health's Strategic Operational Directions (SOD) Goal 4 - Sustainability

4.1 Achieve best value for money while improving the patient experience and population health

4.2 Improve transparency and accountability through measurement and reporting

4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations.

And Supportive Process:

5.1 Benchmark and model world class high performing health systems

5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies

5.3 Leverage technology to achieve improvements in patient car and system performance.

Strategy: Sun Country Health Region provides services that are sustainable, efficient and accountable.

Results: **Long-term Care Facilities Replacement Project**

A new facility in Radville and an addition to replace long term care in Redvers Health Centres are in the construction phase. The Redvers addition is planned to be completed by the end of November 2012 with renovations to the old long term care wing to be completed by June 2013. The new Radville Marian Health Centre is planned to be completed by May 2013.

The new Kipling integrated facility is in the planning phase. The team consisting of Stantec, MHPM (project managers), SCHR, Ministry of Health and the Kipling community are working together to move this project forward.

TURNING THE SOD – Dignitaries gathered to turn the sod for a long term care addition to the Redvers Health Centre in September, 2011. From left to right are, Cannington MLA Dan D'Autremont (seated); Leon Henrion, resident; former SCRHA Chair Sharon Bauche; former Health Minister Don McMorris and Redvers Health Foundation Chair Kim Carlson. The project is expected to be completed by 2013.

Results: Information Technology

Information technology can be both an enabler and barrier for several projects in SCHR. With the fast pace of change in technology it is a challenge to embrace the new technology while maintaining the reliability and capacity of the entire network. In 2011-12, SCHR completed two large projects, WINCIS (Client Patient Index/Admitting Discharge Transfer) throughout the acute facilities in the Region, and LIS (Lab Information System) in the Weyburn General Hospital.

Strategy: Sun Country Health Region is accountable for the services it provides.

Results: Shared Services

Health Shared Services Saskatchewan (3sHealth) was formally established in February 2012 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and SCA expect to improve the quality of services provided, lower costs and redirect resources to patient care. The need to achieve efficiencies was identified in the Patient First Review Report in 2009, and directed by government in the years since.
The broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve.

Key achievements for 2012 include:

- establishing 3sHealth, appointing the CEO, and developing the governance structure to direct the strategic and operational objectives. Shared services delivered by the Saskatchewan Association of Health Organizations were assumed by 3sHealth.

- Leveraging additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of over $7 million in the past year.
- Automation of purchasing functions through the implementation of software to standardize product lists, track contract pricing or inventory requirements, and reconcile invoices to purchase orders expecting to save $5 million in the first full year.
- Enhancements to human resource business processes to standardize procedures and enable employees through the implementation of electronic functionality, saving printing and paper costs, and increasing accuracy of information.
- Initiation of work to develop a provincial laundry strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. It is expected that a solution will be announced later in 2012.
- Work focused on group purchasing, automating human resource business processes and a provincial laundry solution will continue in 2012. Additional opportunities for shared services will be analyzed and strategies implemented with a view to achieving a five year target of $100 million in provincial savings.

Results: Strategic Planning

Sun Country Health Region worked hard in 2011/2012 to achieve targets established for the focus the strategic initiatives that were included in the strategic plan. Leadership and managers worked with an external consultant and the CQI Department to streamline the plan and link the plan to the Ministry of Health Strategic and Operational Document. The CQI Department worked with the consultant to plan a workshop on strategic planning. A balanced scorecard was developed that linked to the strategic plan and the Ministry performance measures in order to report progress to stakeholders.

MEETING SOME OF THE KEY PLAYERS — Weyburn Big Muddy MLA and Cabinet Minister Dustin Duncan, left, meets with Mike Sjare, Regional Systems Operations Manager, for Sun Country Health Region, and Dr. Werner Oberholzer, Family Physician for the Pangman, Bengough and Radville communities at the opening of the new Rural West Primary Health Care Team in November, 2011.

Financial Summary

SCHR has recorded an operating surplus of $2,140,607 for 2011-12. After an interfund transfer to the capital fund for mortgage payments and capital purchases of $865,644, the net increase to the operating fund balance totaled $1,274,963 (0.92% of actual operating).

Over-all, revenues were higher than the 2011-12 budget ($5,299,439 or 3.9 per cent) due to:

- Increased funding from the Ministry of Health ($2,393,331 over budget) which was mainly due to funding of the Health Sciences Association of Saskatchewan (HSAS) settlement ($413K), Saskatchewan Medical Association (SMA) funding ($300K), Licensed Practical Nurses (LPN) funding ($409K), and other funding for specific programs.
- Other provincial revenue is over budget ($1,122,277) due to receiving funding related to Saskatchewan Union of Nurses recruitment (SUN) ($949K).
- Recoveries are usually over budget due to compensation recoveries ($429K) but due to the spring rain storms throughout the Region there are also insurance recoveries of $730,000.

Salaries were over budget by $783,647 (1.02 per cent) mainly due to payment of the HSAS settlement, and SUN recruitment. These additional expenses were offset in part by staff vacancies during the year.

Grants to affiliates were over budget by $358,347 mainly due to LPN funding not originally budgeted.

Medical remuneration was over budget by $177,121 (5.34 per cent) due to the payment of the SMA fee increases.

Professional fees increased from budget ($246,857 or 14.66 per cent) due to professional fees for Information Technology projects.

Rent/Lease/Purchased costs were over budget mainly due to increased acquisitions of minor equipment during the year.

Repairs and maintenance are over budget by $1,695,759 (98.4 per cent) due to repairs (with insurance claims) related to storms ($1,033K) and other unexpected repairs being performed where needed.

Utilities are under budget by $100,478 (5.06 per cent) due to the mild winter.

Financial Statements

SUN COUNTRY REGIONAL HEALTH AUTHORITY
FINANCIAL STATEMENTS

March 31, 2012

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May 17, 2012

SUN COUNTRY HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Sun Country Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance and Audit Committee. The Finance and Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance and Audit Committee, approves financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Marga Cugnet
Interim President & CEO

Pamela Haupstein, CA
Interim VP Finance & Corporate Services

VIRTUS GROUP

Chartered Accountants & Business Advisors LLP

INDEPENDENT AUDITORS' REPORT

To the Members of the Board,
Sun Country Regional Health Authority

We have audited the accompanying financial statements of **Sun Country Regional Health Authority** which comprise the statement of financial position as at March 31, 2012, and the statements of operations and changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Sun Country Regional Health Authority as at March 31, 2012, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

May 17, 2012

Regina, Saskatchewan

Virtus Group LLP

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SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Financial Position

As at March 31, 2012

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2012	Total 2011
Assets					
Current Assets					
Cash and Short Term Investments (Schedule 2)	$ 5,492,107	13,682,419	2,599,592	21,774,118	28,772,531
Restricted Cash and Investments (Schedule 2)	8,717	-	-	8,717	8,994
Accounts Receivable					
Ministry of Health - General Revenue Fund	295,848	-	-	295,848	216,647
Accounts Receivable - Interfund	70,124	-	(70,124)	-	-
Other	2,142,758	1,398,158	4,788	3,545,704	999,922
Inventories	916,087	-	-	916,087	957,399
Prepaid Expenses	665,695	-	-	665,695	551,075
	9,591,336	15,080,577	2,534,256	27,206,169	31,506,568
Investments (Schedule 2)	15,890	-	2,342	18,232	17,833
Loan Receivable (Note 5)	-	-	-	-	-
Capital Assets (Note 3)	-	48,006,554	-	48,006,554	43,562,256
Total Assets	**$ 9,607,226**	**63,087,131**	**2,536,598**	**75,230,955**	**75,086,657**
Liabilities					
Current Liabilities					
Accounts Payable	$ 2,055,889	2,112,759	-	4,168,648	2,513,976
Accrued Salaries and Benefits	3,282,063	-	-	3,282,063	3,652,227
Accrued Vacation	6,802,165	-	-	6,802,165	6,546,710
Mortgages Payable - Current (Note 7)	-	417,401	-	417,401	397,282
Obligation under Capital Lease - Current (Note 4)	-	141,767	-	141,767	113,723
Deferred Revenue (Note 8)	1,915,632	-	-	1,915,632	2,751,612
	14,055,749	2,671,927	-	16,727,676	15,975,530
Mortgages Payable (Note 7)	-	3,980,247	-	3,980,247	4,400,347
Obligation under Capital Lease (Note 4)	-	275,899	-	275,899	267,437
Total Liabilities	**14,055,749**	**6,928,073**	-	**20,983,822**	**20,643,314**
Fund Balances					
Invested in Capital Assets	-	43,171,872	-	43,171,872	38,361,347
Externally Restricted (Schedule 3)	-	12,522,140	2,536,598	15,058,738	21,311,034
Internally Restricted (Schedule 4)	8,717	465,046	-	473,763	503,442
Unrestricted (Deficit)	(4,457,240)	-	-	(4,457,240)	(5,732,480)
Total Fund Balances	**(4,448,523)**	**56,159,058**	**2,536,598**	**54,247,133**	**54,443,343**
Total Liabilities & Fund Balances	**$ 9,607,226**	**63,087,131**	**2,536,598**	**75,230,955**	**75,086,657**

Commitments (Note 4)

Pension Costs (Note 11)

Approved by the Board:

Marilyn Charlton, Board Chair

Lori Carr, Board Vice Chair

The accompanying notes and schedules are part of these financial statements

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

For the year ended March 31, 2012

	Operating Fund			Restricted Funds			
	Budget 2012	2012	2011 (Note 10)	Capital Fund 2012	Community Trust Fund 2012	Total 2012	Total 2011 (Note 10)
Revenues							
Ministry of Health - General Revenue Fund	$ 121,412,602	123,805,933	117,295,318	110,000	-	110,000	13,180,000
Other Provincial	691,833	1,814,110	712,158	144,234	-	144,234	168,156
Federal Government	2,750	11,070	7,248	-	-	-	-
Funding from other Provinces				-	-	-	-
Patient Fees	11,341,226	11,092,628	11,049,271	-	-	-	-
Out of Province (Reciprocal)	471,000	524,034	464,967	-	-	-	-
Out of Country	10,300	21,415	6,435	-	-	-	-
Donations	30,000	230,297	306,526	1,580,926	299,345	1,880,271	664,171
Investment	50,000	99,820	159,192	206,734	30,806	237,540	108,508
Ancillary	-	-	-	-	-	-	-
Recoveries	922,654	2,567,427	1,448,440	-	-	-	-
Unrealized gain - financial instruments	-	-	-	-	-	-	-
Other	57,800	122,870	175,608	-	-	-	7,371
	134,990,165	140,289,604	131,625,163	2,041,894	330,151	2,372,045	14,128,206
Expenses †							
Inpatient & resident services							
Acute	7,487,339	8,120,343	7,161,841	477,820	-	477,820	445,685
Supportive	24,053,838	24,899,082	23,978,642	1,666,726	161,146	1,827,872	1,996,596
Integrated	31,180,863	31,690,837	30,585,402	1,855,975	67,218	1,923,193	1,048,539
Mental Health and Addictions	1,604,502	1,781,309	1,722,526			-	-
Total inpatient& resident services	64,326,542	66,491,571	63,448,411	4,000,521	228,364	4,228,885	3,490,820
Physician Compensation	3,331,418	3,506,019	3,276,636	-	-	-	-
Ambulatory Care Services	2,298,948	2,256,057	2,148,008	-	-	-	-
Diagnostic & therapeutic services	9,631,673	9,322,935	8,413,661	3,163	-	3,163	-
Community health services							
Primary health care	1,173,587	1,043,499	776,234	2,127	-	2,127	2,659
Home care	9,489,264	9,543,803	8,666,485	12,486	-	12,486	9,880
Mental health & addictions	4,274,833	4,504,066	3,898,564	56,404	-	56,404	31,374
Population health	3,659,225	3,893,712	3,533,884	56,404	-	56,404	31,374
Emergency response services	5,103,299	5,287,369	4,755,843	349,393	-	349,393	317,945
Other community services	540,543	465,769	457,585	-	-	-	-
Total community health services	24,240,751	24,738,218	22,088,595	476,814	-	476,814	393,232
Support services							
Program support	7,399,170	6,699,134	7,176,516	-	-	-	-
Operational support	21,953,742	23,408,820	21,620,400	-	-	-	-
Other support	1,303,478	1,726,243	1,452,839	-	-	-	-
Total support services	30,656,390	31,834,197	30,249,755	-	-	-	-
Ancillary	-	-	-	-	-	-	-
Total expenses (Schedule 1)	134,485,722	138,148,997	129,625,066	4,480,498	228,364	4,708,862	3,884,052
Excess (deficiency) of revenues over expenses	$ 504,443	2,140,607	2,000,097	(2,438,604)	101,787	(2,336,817)	10,244,154
Interfund transfers (Note 14)		(865,644)	(611,086)	964,154	(98,510)	865,644	611,086
Increase (decrease) in fund balances		1,274,963	1,389,011	(1,474,450)	3,277	(1,471,173)	10,855,240
Fund Balance, beginning of year		(5,723,486)	(7,112,497)	57,633,508	2,533,321	60,166,829	49,311,589
Fund Balance, end of year		$ (4,448,523)	$ (5,723,486)	56,159,058	2,536,598	58,695,656	60,166,829

† See also Schedule 1 - Expenses Classified by Object

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

For the year ended March 31, 2012

	Operating Fund		Restricted Funds			
	2012	2011	Capital Fund	Community Trust Fund	Total 2012	Total 2011
Cash Provided by (used in)	*Operating Activities*		*Financing and Investing Activities*			
Excess (deficiency) of revenues over expenses	$ 2,140,607	2,000,097	(2,438,604)	101,787	(2,336,817)	10,244,154
Amortization of Capital Assets	-	-	3,099,463	-	3,099,463	3,037,134
Loss (Gain) on Disposal of Capital Assets	-	-	-	-	-	326,592
Net change in non-cash working capital						
Saskatchewan Health - General Fund	(79,201)	(127,159)	-	-	-	-
Accounts Receivable - Interfund	9,977	48,290	-	(9,977)	(9,977)	(48,290)
Accounts Receivable - Other	(1,143,657)	174,792	(1,398,158)	(3,967)	(1,402,125)	7,890
Inventories	41,312	29,344	-	-	-	-
Prepaid Expenses	(114,620)	161,627	-	-	-	-
Accounts Payable	(123,439)	755,567	1,778,111	-	1,778,111	284,950
Accrued Salaries and Benefits	(370,164)	(5,932,493)	-	-	-	-
Accrued Vacation	255,455	411,308	-	-	-	-
Deferred Contributions	(835,980)	666,432	-	-	-	-
	(219,710)	(1,822,195)	1,040,812	87,843	1,128,655	13,852,430
Purchase of Capital Assets	-	-	(7,543,761)	-	(7,543,761)	(2,589,087)
Proceeds from sale of Capital Assets	-	-	-	-	-	7,371
Net change in Restricted Cash and Investments	277	(20)	-	-	-	-
Purchase of Investments	(387)	(144)	-	-	-	-
Proceeds from Investments	-	-	-	(12)	(12)	27,989
Proceeds from Loan Receivable	-	-	-	-	-	44,000
	(110)	(164)	(7,543,761)	(12)	(7,543,773)	(2,509,727)
Repayment of Debt	-	-	(498,665)	-	(498,665)	(477,067)
Proceeds from Capital Lease	-	-	135,190	-	135,190	454,874
	-	-	(363,475)	-	(363,475)	(22,193)
Net Increase (decrease) in Cash Flow	$ (219,820)	(1,822,359)	(6,866,424)	87,831	(6,778,593)	11,320,510
Balance of Cash and Short Term Investments						
Balance at beginning of year	$ 6,577,571	9,011,016	19,584,689	2,610,271	22,194,960	10,263,364
Interfund Transfers (Note 14)	(865,644)	(611,086)	964,154	(98,510)	865,644	611,086
Net increase (decrease) in Cash Flow	(219,820)	(1,822,359)	(6,866,424)	87,831	(6,778,593)	11,320,510
Balance at end of year	$ 5,492,107	6,577,571	13,682,419	2,599,592	16,282,011	22,194,960
Balance at end of year is comprised of:						
Cash and Cash Equivalents	5,492,107	6,577,571	13,682,419	2,199,592	15,882,011	22,166,960
Short Term Investments	-	-	-	400,000	400,000	28,000
Cash and Short Term Investments (Schedule 2)	$ 5,492,107	6,577,571	13,682,419	2,599,592	16,282,011	22,194,960
Supplementary Cash Flow Information						
Interest Paid	$ -	-	232,032	-	232,032	273,132

The accompanying notes and schedules are part of these financial statements

1. Legislative Authority

The Sun Country Regional Health Authority (SCRHA) operates under *The Regional Health Services Act* (the Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Sun Country Health Region, under section 27 of *The Act*. The Sun Country Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The SCRHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles, and are based on the application of the accounting policies described below.

a) Health Care Organizations (HCO)

i) The SCRHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association
Weyburn Group Home Society
SMILE
Fillmore Ambulance
Supreme Ambulance

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliates are incorporated as follows:

St. Joseph's Hospital	Non-profit Corporations Act of Saskatchewan, 1977
Radville Marian Health Centre	Non-profit Corporations Act of Saskatchewan, 1977
The Border-line Housing Company (1975) Ltd.	Non-profit Corporations Act of Saskatchewan, 1977

The SCRHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the SCRHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the SCRHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of the operations, and cash flows of the affiliates.

iii) Within the SCRHA, there are several foundations that raise money for the benefit of the SCRHA. These financial statements do not include the financial activities of the foundations. Alternatively, Note 9 b) iii) provides supplementary information regarding the donations received from the foundations.

b) Fund Accounting

The accounts of the SCRHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the SCRHA including revenues received for provision of health services from Saskatchewan Health – General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

2. Significant Accounting Policies - continued

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the SCRHA in capital assets after taking into consideration any associated long term debt. The capital fund includes revenues received or receivable from Saskatchewan Health – General Revenue Fund designated for construction of capital projects and/or the acquisition of assets. The capital fund also includes donations designated for capital purposes by the contributor and funding relating to the mortgages. Expenses consist of the amortization of assets, interest expense, and other expenses that qualify for the designated Capital Funding.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the SCRHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the SCRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the SCRHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with life exceeding one year, are amortized on a straight-line or declining balance method over their estimated useful lives as follows:

Buildings	2.5% to 10%
Land and Leasehold Improvements	2.5% to 20%
Equipment	5% to 50%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventories

Inventories consist of general stores, maintenance, pharmacy, laboratory, and other items. All inventories are held at the lower of cost or net realizable value as determined by the weighted average method.

g) Pension

Employees of the SCRHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The SCRHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the SCRHA expenses all contributions it is required to make in the year.

2. Significant Accounting Policies - continued

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

The SCRHA has classified its financial instruments into one of the following categories: held-for-trading, held-to-maturity, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Held-to-maturity, loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the SCRHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable, loan receivable and interfund loan are classified as loans and receivables.
- Investments in money market funds are classified as held-for-trading and recorded at fair market value. All other investments are classified as held-to-maturity assets and recorded at amortized cost.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Mortgages payable and obligation under capital lease are classified as other liabilities. The related debt premium or discount and issuer costs are included in the carrying value of the long term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2012 (2011 – none), the SCRHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The SCRHA is exposed to financial risk as a result of financial instruments. The risks the SCRHA may be exposed to are:

i. Price risk which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii. Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii. Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

iv. Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The SCRHA has policies and procedures in place to mitigate these risks.

j) Replacement Reserves

The SCRHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation (SHC). Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	2012			2011
	Cost	Accumulated Amortization	Net	Net
Land	$ 683,421	$ -	$ 683,421	$ 683,421
Land Improvements	785,915	681,300	104,615	119,410
Leasehold Improvements	209,143	209,143	-	-
Buildings	70,608,821	35,181,611	35,427,210	36,717,209
Equipment	15,603,770	11,109,856	4,493,914	4,451,915
Construction in progress	6,990,791	-	6,990,791	1,220,674
Under Capital Lease: Equipment	576,815	270,212	306,603	369,627
	$ 95,458,676	$ 47,452,122	$ 48,006,554	$ 43,562,256

4. Commitments

a) Capital Asset Acquisitions

At March 31, 2012, the commitments for acquisition of capital assets were $396,148 (2011 - $1,311,567).

b) Capital Infrastructure Projects

At March 31, 2012 the commitments for specific capital infrastructure projects were $755,678 (2011- $1,836,626).

c) Capital Building Projects

As at March 31, 2012 the Ministry of Health provided funding in the amount of $15,300,000 to be used to construct three replacement facilities. There is $10,233,169 remaining at March 31, 2012. There is $29,640,142 in signed contracts for two of the facilities which SCRHA has spent $3,844,174 as of March 31, 2012.

d) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2013	$ 924,815
2014	$ 681,221
2015	$ 16,208
2016	$ -
2017	$ -

4. Commitments (continued)

e) Capital Leases

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

	Equipment	Equipment	Equipment	Equipment	Total
Interest rate	3.6%	4.75%	0.88%	4.28%	
Expiry date	Dec. 31, 2014	Sept. 2, 2013	Jun. 1, 2016	Jan. 1, 2016	
2013	$ 110,513	$ 3,209	$ 26,326	$ 1,719	$ 141,767
2014	110,513	1,605	26,326	1,719	$ 140,163
2015	92,094	-	26,326	1,719	$ 120,139
2016	-	-	26,326	1,289	$ 27,615
2017	-	-	6,581	-	$ 6,581
Total minimum lease payments	313,120	4,814	111,885	6,446	$ 436,265
Amount representing interest	(15,827)	(176)	(2,096)	(501)	$ (18,599)
Balance of the obligation	297,293	4,638	109,789	5,945	$ 417,666
Less: Current Portion	(110,513)	(3,209)	(26,326)	(1,719)	$ (141,767)
	$ 186,780	$ 1,429	$ 83,463	$ 4,226	$ 275,899

f) Contracted Health Service Operators

The SCRHA continues to contract on an ongoing basis with private health service operators to provide health services in the SCRHA similar to those provided in the year ending March 31, 2012. Note 9 b) i) provides supplementary information on Health Care Organizations.

5. Long Term Loan Receivable

The SCRHA has an agreement with M.O.R.E 2000 Organization Inc. to lend them $100,000 interest free. The M.O.R.E. 2000 Organization Inc. paid $0 in 2012 (2011 - $44,000).

6. Patient and Resident Trust Accounts

The SCRHA administers funds held in trust for patients and residents using the SCRHA's facilities. The funds are held in separate bank accounts. Funds held in trust are not included in these financial statements. Total funds held in trust are $45,168 (2011 - $39,417).

7. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2012	2011
Newhope Pioneer Lodge CMHC, due May 1, 2021	4.690%	$110,309 principal & interest of which $29,437 is subsidized by SHC. Yielding an effective interest rate of .905%. Mortgage renewal date - August 1, 2016	$ 822,199	$ 892,438
Willowdale Lodge CMHC, due July 1, 2019	6.875%	$12,772 principal & interest Mortgage renewal date - July 1, 2019	73,635	81,137
Estevan Regional Nursing Home CMHC, due August 1, 2016	5.375%	$15,956 principal & interest Mortgage renewal date - August 1, 2016	62,694	74,961
Estevan Regional Nursing Home CMHC, due January 1, 2023	7.000%	$8,109 principal & interest Mortgage renewal date - January 1, 2023	61,755	65,453
Moose Mountain Lodge CMHC, due October 1, 2026	8.000%	$34,476 principal & interest Mortgage renewal date - October 1, 2026	298,712	309,226
Weyburn Special Care Home CMHC, due April 1, 2019	4.690%	$147,788 principal & interest of which $43,157 is subsidized by SHC. Yielding an effective interest rate of -0.512%. Mortgage renewal date - August 1, 2016	890,653	994,332
Weyburn Special Care Home CMHC, due March 1, 2017	5.375%	$18,732 principal & interest Mortgage renewal date - March 1, 2017	82,101	96,064
Bengough Health Centre CMHC, due September 1, 2018	5.750%	$10,987 principal & interest Mortgage renewal date - September 1, 2018	59,595	66,967
Fillmore Health Centre CMHC, due October 1, 2022	4.320%	$43,557 principal & interest of which $10,866 is subsidized by SHC. Yielding an effective interest rate of 1.235%. Mortgage renewal date - February 1, 2016	370,047	397,087
Gainsborough Health Centre CMHC, due June 1, 2022	4.320%	$41,469 principal & interest of which $10,030 is subsidized by SHC. Yielding an effective interest rate of 1.248%. Mortgage renewal date - February 1, 2016	343,456	369,572
Lampman Health Centre CMHC, due September 1, 2021	4.320%	$66,647 principal & interest of which $15,881 is subsidized by SHC. Yielding an effective interest rate of 1.091%. Mortgage renewal date - February 1, 2016	519,265	562,609
Redvers Centennial Haven CMHC, due January 1, 2018	5.375%	$8,579 principal & interest Mortgage renewal date - January 1, 2018	42,940	49,059
Wawota Deerview Lodge CMHC, due December 1, 2020	5.140%	$109,304 principal & interest in which $34,863 is subsidized by SHC. Yielding an effective interest rate of 0.350%. Mortgage renewal date - December 1, 2013	770,596	838,714
			$ 4,397,648	$ 4,797,619
		Less: Current Portion	417,401	397,282
			$ 3,980,247	$ 4,400,337

7. Mortgages Payable - continued

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewals occur.

For each of the mortgages, the SCRHA has pledged the related buildings as security. Principal repayments required in each of the next five years are estimated as follows:

2013	417,401
2014	438,901
2015	460,947
2016	484,126
2017	508,192
2018 and thereafter	2,088,081

8. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Care Funding	$ 197,368	$ 26,949	$ 40,000	$ 210,419
Aboriginal Awareness	5,556	16,775	15,000	3,781
Professional Development	69,392	50,645		18,747
Safety Training Initiatives	60,022	39,588		20,434
SIMS and PHIS	11,696	11,696		-
MDS for Home Care	2,163	-		2,163
Quality Workplace Initiative	124,428			124,428
Community Supports	31,865	18,409		13,456
Youth Drug Detox	61,358			61,358
Autism	134,484	40,319	69,000	163,165
Infection Control Initiatives	84,837	80,512	50,927	55,252
Recruitment Initiatives	30,000			30,000
Surgical Initiatives	643,420	453,973		189,447
Enhanced Dental Program	-		30,695	30,695
Life & Health Spending Account	82,295	82,295		-
Total Sask Health	**$ 1,538,884**	**$ 821,161**	**$ 205,622**	**$ 923,345**
Other Initiatives				
SUN Recruitment & Retention	251,729	66,681		185,048
LEAN Initiative	172,644	84,940		87,704
Autism Spectrum	80,000	43,494	40,000	76,506
Other Revenue received in advance	708,355	381,313	315,987	643,029
Total Deferred Revenue	**$ 2,751,612**	**$ 1,397,589**	**$ 561,609**	**$ 1,915,632**

9. Related Parties

These financial statements include transactions with related parties. The SCRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under common control of the Government of Saskatchewan. The SCRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the SCRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms. Significant related party transactions greater than $50,000 and not shown separately in these financial statements are disclosed below. In addition, the SCRHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2012	*2011 (Note 10)*
Revenues		
Ministry of Health	1,381,282	1,213,389
Saskatchewan Government Insurance	178,757	175,921
Workers' Compensation Board	372,391	325,466
	$ 1,932,430	$ 1,714,776
Expenses		
Canadian Mental Health Assocaition	$ 128,804	$ 127,353
eHealth Saskatchewan	108,491	42,686
Fillmore Ambulance	77,610	80,210
Provincial Public Safety Telecommunications Network	79,570	17,952
Purblic Employees Pension Plan	177,824	175,867
Radville Marian Health Centre	3,477,464	3,484,755
Regina Qu'Appelle Health Region	156,610	122,713
Saskatchewan Assocation of Health Organizations	5,653,283	5,195,926
Saskatchewan Health Employees Pension Plan	10,409,867	10,289,053
Saskatchewan Power Corpoartion	1,153,840	1,026,672
Saskatchewan Property Management	857,557	853,207
Saskatchewan Telecommunications	409,489	407,573
SaskEnergy Incorporated	614,495	648,232
SMILE Services Inc.	60,727	64,173
St. Joseph's Hospital	17,680,548	16,918,984
Supreme Ambulance (Carlyle)	379,187	313,356
The Border-line Housing Company (1975) Ltd	1,649,725	1,756,353
Webyburn Group Home Society	332,865	295,899
Workers' Compensation Board	1,477,925	1,285,078
	$ 44,885,881	$ 43,106,042

9. a) *Related Party Transactions - continued*

	2012	2011
Accounts Receivable		
St. Joseph's Hospital	$ 104,498	$ 42,205
Ministry of Health	177,908	140,381
Workers' Compensation Board	66,542	45,790
	$ 348,948	$ 228,376
Prepaid Expenses		
Workers' Compensation Board	$ 376,735	$ 316,737
	$ 376,735	$ 316,737
Accounts Payable		
Saskatchewan Association of Health Organizations	$ 305,616	$ 233,951
Saskatchewan Health Employees Pension Plan	782,478	730,325
Saskatchewan Power Corporation	51,251	80,036
Saskatchewan Property Management	100,531	82,300
SaskEnergy Incorporated	56,676	74,443
St. Joseph's Hospital	114,902	141,259
	$ 1,411,454	$ 1,342,314

Note: Payments to the affiliates may be higher than the grant to affiliates due to other expenses incurred in the normal course of business.

b) *Health Care Organizations*

i) Prescribed Health Care Organizations and Third Parties

The SCRHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the SCRHA on a monthly basis in accordance with budget amounts approved annually. During the year, the SCRHA provided the following amounts to healthcare organizations.

	2012	2011
Canadian Mental Health Association	$ 124,868	$ 123,023
Fillmore Ambulance	77,610	80,210
SMILE Services Inc.	59,765	62,382
Supreme Ambulance (Carlyle)	379,187	313,356
Weyburn Group Home Society Inc.	265,804	256,672
	$ 907,234	$ 835,643

9. *b) Health Care Organizations - continued*

ii) Affiliates

The Act makes the SCRHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the SCRHA. The SCRHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2012	*2011 (Note 10)*
St. Joseph's Hospital	$ 16,849,588	$ 16,064,223
Radville Marian Health Centre	3,477,464	3,484,755
The Border-line Housing Company (1975) Ltd.	1,649,725	1,756,353
Total	$ 21,976,777	$ 21,305,331

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2012 and 2011 and for the years then ended:

	2012	*2011 (Note 10)*
Balance Sheet		
Assets	$ 3,893,700	$ 3,489,320
Net Capital Assets	24,724,627	24,475,981
Total Assets	$ 28,618,327	$ 27,965,301
Total Liabilities	5,148,358	4,768,987
Total Net Assets	23,469,969	23,196,314
Total Liabilities and Net Assets	$ 28,618,327	$ 27,965,301
Results of Operations and Fund Balances		
SCRHA Grant	$ 21,620,380	$ 20,977,828
Other Revenue	5,444,080	5,226,173
Total Revenue	$ 27,064,460	$ 26,204,001
Salaries & Benefits	20,505,978	20,328,907
Other Expenses *	6,284,867	5,976,396
Total Expenses	26,790,845	26,305,303
Excess (Deficiency) Revenue over Expenses	$ 273,615	$ (101,302)

* Other Expenses includes amortization of $1,522,151 (2011 - $1,422,076)

Cash Flows		
Cash from Operations	$ 1,639,964	$ 2,133,444
Cash used in Financing Activities	479,440	405,351
Cash used in Investing Activities *	(1,770,796)	(2,497,770)
Increase (Decrease) in Cash	$ 348,608	$ 41,025

* Cash used in Investing Activities includes capital purchases of $1,770,796 (2011 - $2,499,370)

9. *b) Health Care Organizations - continued*

iii) Fund Raising Foundations

There are various charitable health foundations throughout the region that raise money on behalf of healthcare organizations in their community. The SCRHA has an economic interest in the foundations and may upon agreement with the foundations be the recipient of funds to be used by the SCRHA for specific purposes. The foundation's total expenses include the following contributions to the SCRHA.

	2012	2011
Redvers & District Community Health Foundation Inc.	$ 633	$ 1,674
Coronach and Area Health Care Foundation	$ -	$ -
Kipling District Health Foundation Inc.	$ -	$ 3,281
Wawota Health Care Foundation Inc.	$ -	$ 383

10. **Comparative Information**

Some items appearing in the statements for the prior year have been reclassified to conform to the presentation used for the current year.

11. **Pension Costs**

Employees of the SCRHA participate in one of the following pension plans:

i) The Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, HSAS). SHEPP is a multi-employer defined benefit plan which came into effect December 31, 2002 (prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

ii) The Public Employees' Pension Plan (PEPP) (a related party) – This is a defined contribution plan and the responsibility of the Province of Saskatchewan.

The SCRHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. The pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the SCRHA contribution amount below.

	SHEPP	PEPP	Total	Total
Number of active members	1,523	18	1,541	1,549
Member contribution rate, percentage of salary	7.7 - 10.0 % *	5%		
SCRHA contribution rate, percentage of salary	8.62 - 11.2 % *	5%		
Member contributions (thousands of dollars)	4,911	81	4,992	4,646
SCRHA contributions (thousands of dollars)	5,504	82	5,586	5,195

*Contributions rate varies based on employee group.

1. Active members include are employees of the SCRHA, including those on leave of absence as of March 31, 2012. Inactive members are not reported by the SCRHA, their plans are transferred to SHEPP and managed directly by them.

12. Budget

The SCRHA Board approved the 2011-2012 budget on May 25, 2011.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The SCRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the SCRHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

Accounts receivable
Interfund loan
Accounts payable
Accrued salaries and vacation payable

ii) Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

iii) The fair value of mortgage payable before the repayment required within one year, is $4,764,580 (2011 - $5,243,829) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Operating Line of Credit

The SCRHA has a line of credit limit of $1,000,000, of which none was drawn. The line of credit is secured by an assignment and hypothecation of revenues and bearing interest at a rate of Prime minus 0.5%, which is due on demand. No interest was paid on the line-of-credit in 2012 and 2011.

14. Interfund Transfers

Each year the SCRHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2012			2011		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital Purchases	$ (248,968)	$ 322,478	$ (73,510)	$ (52,494)	$ 130,528	$ (78,034)
Mortgage principle & interest	(504,443)	504,443		(502,462)	502,462	
SHC reserves - Allocation	(105,488)	105,488		(105,488)	105,488	-
SHC reserves - R & M	113,071	(113,071)		99,358	(99,358)	-
SHC reserves - Transfers		-		-	-	-
EMS Vehicle Allocation	(50,000)	75,000	(25,000)	(50,000)	75,000	(25,000)
EPC Purchases	(69,816)	69,816	-	-	-	-
	$ (865,644)	$ 964,154	$ (98,510)	$ (611,086)	$ 714,120	$ (103,034)

15. Volunteer Services

The operations of the SCRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Energy Renewal Project

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province 's environmental objectives. SaskPower Energy Solutions performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility costs savings that will pay for the cost of this project with an established time frame. An additional savings are calculated and verified by methods established in the contract and are applied to the loan. Sun Country RHA entered into a guaranteed energy performance savings contract with SaskPower Energy Solutions Company.

The total cost of the energy performance contracts is $1,623,378 plus GST. As at March 31, 2012 constructions costs of $1,628,763 have been incurred.

17. Future Accounting Changes

The Canadian Institute of Chartered Accountants (CICA) approved an amendment to require Government Non-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. At that time a liability will be required to disclose an amount for accumulated sick leave. The amount of the liability requires an actuarial assessment. The impact of this change cannot be determined at this time.

18. Pay for Performance

Effective June 28, 2011 a pay for performance compensation plan was introduced. As a result, senior employees were paid 90% of base salary for the fiscal year ended March 31, 2012. Senior employees are eligible to earn up to 110% of their base salary. The amounts over 90% of base salary are considered 'lump sum performance adjustments'. Lump sum performance adjustments have not been determined for the year ended March 31, 2012 because information required to assess senior managements' performance is not yet available. The performance adjustments for the 2011-12 fiscal year will be paid out in the 2012-13 fiscal year.

Schedule 1

Schedule of Expenses by Object

	Budget 2012 (Note 12)	Actual 2012	Actual 2011 (Note 10)
Operating:			
Advertising & public relations	$ 250,704	189,827	174,806
Board costs	120,549	130,252	100,668
Compensation - Benefits	15,535,961	15,403,224	13,952,036
Compensation - Salaries	76,621,805	77,405,452	72,650,683
Continuing education fees & materials	251,026	287,835	179,492
Contracted-out services - Other	818,633	909,636	859,365
Diagnostic imaging supplies	70,185	65,375	69,151
Dietary supplies	134,320	150,502	154,665
Drugs	520,775	455,064	456,889
Food	1,472,895	1,438,716	1,443,567
Grants to ambulance services	398,616	472,797	433,566
Grants to health care organizations & affiliates	21,644,147	22,002,494	21,703,277
Housekeeping & laundry supplies	312,395	328,692	334,845
Information technology contracts	510,124	463,713	428,907
Insurance	198,886	337,123	270,098
Interest	13,921	15,669	6,598
Laboratory supplies	627,233	634,505	613,716
Medical & surgical supplies	1,584,464	1,711,800	1,541,497
Medical remuneration & benefits	3,316,881	3,494,002	3,172,974
Meetings	27,286	28,508	45,748
Office supplies & other office costs	889,596	858,506	854,284
Other	379,489	537,487	556,858
Professional fees	1,683,878	1,930,735	1,927,269
Prosthetics	-	-	-
Purchased salaries	621,448	639,828	573,698
Rent/lease/purchase costs	907,769	1,149,489	1,041,513
Repairs & maintenance	1,723,287	3,419,046	2,562,480
Supplies - Other	493,049	400,809	334,463
Therapeutic supplies	13,274	28,642	13,141
Travel	1,356,118	1,372,739	1,260,385
Utilities	1,987,008	1,886,530	1,908,427
Total Operating Expenses	**$ 134,485,722**	**138,148,997**	**129,625,066**
Restricted:			
Amortization of Capital Assets		$ 3,099,463	3,037,134
Grants to Third Parties		424,720	44,131
Loss on Disposal of Capital Assets		-	333,963
Mortgage Interest Expense		229,280	273,634
Other		955,399	195,190
		$ 4,708,862	**3,884,052**

(See accompanying notes)

Schedule 2

Schedule of Cash and Investments

	Fair Value	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS				
Externally Restricted Investments (Schedule 3)				
Cash and Short Term				
Chequing and Savings				
Spectra Credit Union	$ 13,508,787			
Midale Credit Union	1,546,859			
CIBC	-			
Prairie Pride Credit Union	225,173			
RBC Investment Account	65,035			
Royal Bank - Money Maker Plus	29,239			
Royal Bank	41,872			
	$ 15,416,965			
Term Deposit				
Prairie Pride Credit Union - Term Certificates	200,000	May 17, 2012	1.500%	1.500%
Prairie Pride Credit Union - Term Certificates	200,000	August 18, 2014	1.750%	1.750%
	$ 400,000			
Total Cash & Short Term Investments	$ 15,816,965			
Long Term				
Midale Credit Union - equity	$ 2,342			
Total Long Term Investments	$ 2,342			
Total Externally Restricted Investments	**$ 15,819,307**			
Internally Restricted Investments (Schedule 4)				
Cash and Short Term				
CIBC Money Market Fund	$ 116,650			
Spectra Credit Union	357,113			
Total Internally Restricted Investments	**$ 473,763**			
Unrestricted Investments				
Cash and Short Term				
Spectra Credit Union	5,008,280			
CIBC Money Market Fund	483,768			
Wood Gundy	59			
Total Cash & Short Term Investments	5,492,107			
Long Term				
Co-op Equity	15,890			
Total Unrestricted Investments	**$ 5,507,997**			
Total Investments	$ 21,801,067			
Restricted and Unrestricted Totals				
Total Cash & Short Term	$ 21,782,835			
Total Long Term	$ 18,232			
Total Investments	$ 21,801,067			

*Restricted Investments consist of :

- Community generated funds transferred to the SCRHA and held in the community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

(See accompanying notes)

Schedule 3

Schedule of Externally Restricted Funds

Community Trust Fund

Trust Name	Balance Start of Year (Note 10)	Investment & Other Revenue	Donations	Expenses	Withdrawals	Balance End of Year
Coronach Trust Fund	$ 72,040	75	-	(16,687)	(55,428)	-
Fillmore Area Trust Fund	136,070	76	-	-	-	136,146
Gainsborough Area Trust Fund	625,431	7,665	691	(9,154)	(7,665)	616,968
Lampman Area Trust Fund	102,912	2,121	14,661	(20,778)	-	98,916
Midale Area Trust Fund	1,422,205	17,691	279,088	(161,143)	(35,417)	1,522,424
Oxbow Area Trust Fund	174,663	3,178	4,905	(20,602)	-	162,144
	$ 2,533,321	**30,806**	**299,345**	**(228,364)**	**(98,510)**	**2,536,598**

Capital Fund Balances

	Balance Start of Year (Note 10)	Investment & Other Revenue	Capital Funding & Donations	Expenses	Transfer to Investment in Capital Fund	Balance End of Year
Arcola Health Centre	$ 67,569	689	-	-	-	68,258
Estevan Regional Nursing Home	42,325	717	108,360	(151,402)	-	-
Kipling	21,093	117	-	(21,210)	-	-
Ministry of Health Capital Funding (Note 4)	17,594,794	158,530	110,000	(6,497,533)	-	11,365,791
Moose Mountain Lodge	54,994	663	-	-	-	55,657
Weyburn General Hospital Building	624,062	9,526	19,269	-	-	652,857
Weyburn General Hospital Equipment	356,802	5,099	55,139	(40,880)	-	376,160
Other communities	16,074	225	-	(12,882)	-	3,417
Other communities - LTC facilities	-	-	1,398,158	(1,398,158)	-	-
	$ 18,777,713	**175,566**	**1,690,926**	**(8,122,065)**	**-**	**12,522,140**

(See accompanying notes)

Schedule 4

Schedule of Internally Restricted Fund Balances

	Balance beginning of year	Investment income allocated	Annual Allocation from unrestricted fund	Transfer to unrestricted fund expenses	Transfer in investment in capital asset fund balance	Balance end of year
Internally Restricted Fund Balances						
Capital Internally Restricted Fund Balances						
Replacement Reserves						
Bengough Health Centre	$ -	-	6,540	(6,540)	-	-
Weyburn Special Care Home	17,396	262	44,968	(49,408)	-	13,218
Estevan Regional Nursing Home	-	-	15,500	(15,500)	-	-
Newhope Pioneer Lodge	350	5	10,000	(10,355)	-	-
Wawota Deerview Lodge	-	-	7,745	(7,745)	-	-
Carlyle Moose Mountain Lodge	-	-	8,235	(8,235)	-	-
Kipling Willowdale Lodge	4,787	72	6,500	(9,287)	-	2,072
Redvers Centennial Haven	-	-	6,000	(6,000)	-	-
Other						
Emergency Medical Services Vehicles	128	-	75,000	(75,000)	-	128
Capital Acquisitions	471,787	1,044	-	(23,203)	-	449,628
Total Capital Internally Restricted Fund Balances	**494,448**	**1,383**	**180,488**	**(211,273)**	-	**465,046**
Operating Internally Restricted Fund Balances						
Quality Workplace	8,994	137	-	(414)	-	8,717
Total Operating Internally Restricted Fund Balances	**8,994**	**137**	-	**(414)**	-	**8,717**
Total Internally Restricted Fund Balances	$ **503,442**	**1,520**	**180,488**	**(211,687)**	-	**473,763**

Emergency Medical Services Vehicles

The SCRHA internally restricts $50,000 (2011 - $50,000) per year, as financial resources permit, for the replacement of Ambulances.

The Midale Area Trust Fund donated $25,000 (2011 - $25,000) for the replacement of Ambulances in Weyburn or Estevan.

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2012

Schedule 5

Board Member Remuneration

Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2012 Total	2011 Total
Arthur, Alan J.	$ -	$ 3,700	$ 1,612	$ 3,659	$ -	$ 110	$ 9,481	$ 6,362
Bauche, Sharon R.	9,960	13,875	9,282	11,641	-	-	44,758	38,586
Carr, Lori	-	7,263	2,549	4,520	-	270	14,602	9,157
Chanton, Marilyn	-	5,875	1,950	2,986	-	273	11,084	5,051
Palmer, Vern	-	3,050	1,525	3,003	-	55	7,633	6,383
Pedlar, Debbie	-	200	38	53	-		291	6,293
Rodine, Derrell	-	5,500	2,075	3,424	-	-	10,999	6,593
StandingReady, Darlene	-	2,725	1,338	2,069	-	35	6,167	4,453
Stephenson, Karen	-	7,420	2,037	3,057	-	231	12,745	9,942
Tunall, Eileen	-	5,975	2,300	3,514	-	-	11,789	7,446
Total	$ 9,960	$ 55,583	$ 24,906	$ 38,126	$ -	$ 974	$ 129,549	$ 100,266

Senior Management Salaries, Benefits, Allowances, and Severance

	2012					2011		
Senior Employees	Salaries (1)	Benefits and Allowances (2)	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances	Severance	Total
Calvin Tant, CEO (3)	$ -	$ -	$ -	$ -	$ -	$ 115,859	$ 187,385	$ 303,244
Marga Cugnet, Interim CEO (3)	199,149	-	199,149	-	199,149	129,848	-	129,848
Marga Cugnet, VP Primary & Integrated Health Care	-	-	-	-	-	75,323	-	75,323
Hal Schmidt, VP Finance & Corporate Services (4)	-	-	-	-	-	52,709	-	52,709
Pamela Haupstein, Interim VP Finance & Corporate Services (4)	143,825	-	143,825	-	143,825	84,799	-	84,799
Janice Giroux, VP Community Programs	161,786	-	161,786	-	161,786	170,956	-	170,956
Don Ehman, VP Human Resources	160,842	-	160,842	-	160,842	170,956	-	170,956
Alain Lenfema, VP Medical	271,308	-	271,308	-	271,308	252,501	-	252,501
Murray Goeres, Interim VP of Facilites	157,506	-	157,506	-	157,506	141,343	-	141,343
	$ 1,094,416	$ -	$ 1,094,416	$ -	$ 1,094,416	$ 1,194,294	$ 187,385	$ 1,381,679

(1) Salaries include regular base pay, overtime, honoraria, sick leave and merit or performance pay, lump sum payments, and any other direct cash remuneration.
Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2012 and will be paid out in the 2012-13 fiscal year. This schedule will be amended in the 2012-13 fiscal year to reflect performance adjustments. Refer to Note 18 for further details.

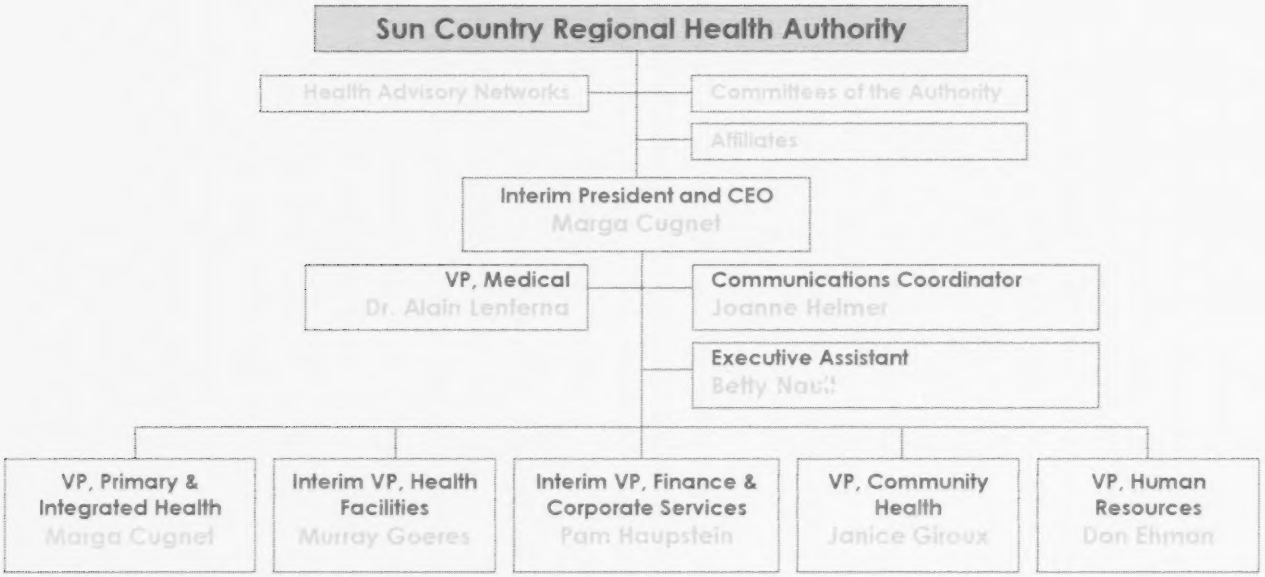
(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education leave, education pay, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

(3) Marga Cugnet started the position Interim CEO September, 2010, replacing Cal Tant.

(4) Pamela Haupstein started the position Interim VP Finance & Corporate Services September, 2010, replacing Hal Schmidt.

Appendices

Appendix 1
ORGANIZATION CHART



PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2012

Personal Services

Listed are individuals who received payment for salaries, wages, honorariums, etc. which total $50,000 or more

ABRAHAMSON, CRYSTAL	78,160
AHMED, DEQA	69,313
AKINS, SHENAN	112,280
ALELUNAS, PAT	102,192
ALEXUS, SHANNON	92,470
ALIPIO, ELIZABETH	76,601
AMEDIKU, BENJAMIN	60,261
ANDERSON, CAROL	90,520
ANDERSON, TROY	58,925
ARNOLD, STEPHEN	61,085
ARTHUR, MARK	59,713
ASHWORTH, CHRISTINE	63,743
AVERY, SHELLEY	77,917
AYER, ANGELINE	58,115
BAHT, JODI	94,627
BAKALUK, RANDALL	70,703
BALOG, KIMBERLY	94,591
BARATH, TERRI	80,556
BARNABAS, IDA	114,871
BARSI, DOROTHY	85,983
BARSI, JEAN	81,894
BARTLETT, DELEE	74,181
BATBATAN, JUNDALE	80,200
BATES, MARJORIE	82,217
BATTERS, SHARON	77,067
BAUER, KATHERINE	52,046
BAUN, SHERI	69,413
BEACH, JOANNE	57,571
BEAHM, JAN	81,515
BEATTIE, KELLY	89,260
BEAUDOIN, TRINA	84,520
BEAUDRY, DEBORAH	98,937
BEDORE, AMANDA	68,281
BEDORE, TRACY	67,862
BELKE, BRADLEY	113,339
BENSON, TERRY	92,103
BETTERLEY, CRYSTAL	72,426
BIEBERDORF, NATALIE	86,234
BLACKSTOCK, BERNIE	100,015
BLYTH, SHIRLEY	110,009
BOARDMAN, SHELLEY	51,953
BODE, JEAN	96,583
BOSTOCK, KRISTA	85,772
BOUCHARD, KRISTEN	71,865
BOURHIS, KAREN	52,189
BOUTIN, FRANCES	61,820
BRAATEN, LUCILLE	66,602
BRADY, MARILYN	66,456
BRESCIANI, DOUGLAS	97,377
BROCK, JANETTE	63,653
BROWN, CAROL	103,362
BROWN, KELLY	77,034
BRUMFIELD, BARRY	61,547
BRUNEAU, LOUISE	106,549
BUCKINGHAM, JOAN	74,097
BUMSTEAD, LARRY	59,405
BURAK, BRENDA	74,904
BURDAN, EVAN	87,069
BURGESS, SUSAN	73,994
BURKE, SHAYNA	69,704
BYE, CANDY	105,805
CAMERON, TERON	85,774
CAMERON, VALERIE	69,465
CHAPMAN, JULIE	69,907
CHARLES, LAUREL	90,169
CHEYNE, LOIS	69,694
CHICOINE, AMANDA	55,203
CHURKO, CHERYL	52,763
CHURKO, GEORGINA	73,466
CLARK, BARBARA	79,849
CLARK, COLIN	63,755
CLARK, SUSAN	69,546
CLARK, TAYLOR	52,461
CLAUDE, MIKE	91,891
CLEASBY, SANDRA	112,823
COBB, LENORA	110,872
CODERRE, TERRI	51,836
COFFEY, LOIS	103,477
COLE, LAURIE	85,657
COONEY, DONNA	116,469
CORNISH, KEVIN	50,823
CORNISH, MARNELL	107,646
CRASSWELLER, PATRICIA	88,822
CROSS, KENNETH	79,867
CROSS, SHANNON	94,884
CUDDINGTON, DENISE	62,910
CUGNET, HEATHER	65,775
CUGNET, MARGARET	237,953
CUTLER, JENNA	73,816
DAENCKAERT, VERONICA	71,375
DAKU, JEAN	135,396
DALZIEL, TAMMY	71,345
DANYLUK, SYLVIA	105,937
DAVIS, BOBBI JO	56,655
DAVIS, CATHERINE	73,132
DAY, CARMEN	82,946
DAYMAN, MONICA	96,144
DELA CRUZ, GLENY	60,926
DEREN, MARY	87,654
DEROOSE, JUDITH	100,163
DEVRIES, LORIE	66,344
DEW, ARIANE	66,927
DEW, HEATHER	84,694
DICKIE, BARRY	50,064
DIXON, JEANNETTE	62,635
DOMES, DAWNE	70,258
DORSCH, HELENE	94,347
DREBNICKI, STACEY	82,955
DROZARIO, CHRISTINE	118,164
DUFFUS, LINDA	104,719
DUNCAN, ALISON	101,988
EALEY, PAULA	72,221
EARL, SHAUNA	59,653
EAST, DEANNA	67,062
EASTON, COLLEEN	104,771
EDDY, BRIANA	89,918
EDDY, CHARLES	86,365
EDDY, KELLY	59,593

EDDY, SHAUNA	74,510
EDWARDS, MELANIE	79,048
EHMAN, DON	160,842
ELIAS WHITE, JENNIFER	103,155
FARNDEN, JOANNE	113,491
FARRELL, NANCY	72,546
FEDAK, STEPHANIE	88,400
FICHTER, TAMARA	81,369
FILLION, ERIN	57,768
FISH, KELLY	90,222
FISTER, VALERIE	91,978
FLECK, KARYN	73,439
FLOYD, KAREN	61,700
FOLBAR, CHRYSTA	99,931
FOLBAR, SHELLEY	53,096
FORD, NICOLA	74,111
FOREST, JENNIFER	53,939
FORNWALD, JUDITH	73,594
FORSETH, KARI	56,505
FORSETH, SHARON	51,781
FOX, MARVIN	85,316
FREEMAN, BRENDA	87,469
FREY, ANGELA	75,797
GABRIEL, MAUREEN	109,582
GAETZ, KIMBERLY	56,054
GAMMACK, M RUTH	50,523
GARVEY, CARON	90,796
GECOSALA, APRIL	95,043
GECOSALA, CYNTHIA	116,661
GERVAIS, ANGELA	64,126
GERVAIS, TAMMY	50,189
GERVERO, MAYSUNFE	113,581
GESSNER, KATHLEEN	62,219
GIBSON, JENNIFER	77,429
GIBSON, SUZANNE	79,360
GILLES HOEFER, SANDRA	93,391
GIRARDIN, THERESA	103,324
GIROUX, JANICE	161,785
GLAB, JOHNNIE	55,397
GODENIR, PAULETTE	52,789
GOERES, MURRAY	157,506
GOLD, DAWN	62,740
GREENBANK, JENNIENE	67,483
GREENING, JEFFERY	103,855
GRIFFITHS, MARIE	59,447
GUENTHER, CRYSTAL	92,265
GUILLOUX, EDITH	95,043
GUTHEIL, CAROLE B	94,526
HACK, TRACY	81,039
HAINES, ASHLEY	51,205
HALE, KENDRA	63,914
HALLBERG, KARI	100,216
HAMILTON, SALLY	57,763
HAMMELL, LAURIE	98,496
HANSON, JUDY	61,267
HARTNESS, MELANIE	59,491
HARVEY, MARION	101,120
HASSLER, KARISSA	55,244
HAUGLUM, TERRY	98,870
HAUPSTEIN, PAMELA	143,825
HEAMAN, JENNA	92,856
HELMER, JOANNE	69,208
HEPP, MELANIE	71,816
HERBERHOLZ HAGEL, KARLY	89,405
HERMAN, COLLEEN	73,651
HERMANN, HOLLEY	75,493
HEWITT, PATRICIA	50,246
HILL, CAROLINE	105,185
HILL, G RONALD	100,446
HILL, LAURIE	99,101
HILL, MARILYN	66,703
HILLSTEAD, TAMMY	60,935
HJERTAAS, NAOMI	99,279
HOFFART, DEANNA	91,751
HOFFART, SHELLEY	99,637
HOFLAND, TAMMY	131,260
HOIUM, CYNTHIA	103,216
HOLLINGSHEAD, JOANNE	90,763
HOLTZ, STACEY	77,248
HOUSTON, NORA	90,169
HOWSE, KEITH	84,290
HUEL, TANIA	98,618
HUISH, HAYLEY	86,002
IRWIN, CATHY	62,615
IRWIN, SARA	103,033
ISLEIFSON, BERTHA	72,355
JENSEN, CHRISTOPH	93,170
JENSEN, SHIRLEY	56,908
JENSEN, TRENT	68,866
JOHNSON, ANNE	85,059
JOHNSON, CHERYL	68,525
JOHNSON, EILEEN	73,383
JOHNSON, JOANNE	77,697
JOHNSON HALLBERG, LISA	90,164
JONASSEN, LOUANNE	91,441
KAPELL, RILLA	91,033
KAUF, BERT	70,257
KAVALENCH, VANESSA	62,885
KEATING, JOSELENE	75,955
KEEP, MEGAN	73,341
KEHLER, ANITA	80,264
KEHRIG, LAURA	53,971
KENNETT RUSSILL, DEBRA	71,418
KENT, SARAH	71,694
KERSLAKE, AGNES	72,850
KESSLER, PATRICIA	108,941
KESSLERING, KIMBERLY	80,773
KETURAKIS, MARY JANE	77,299
KEW, VIVIAN	69,044
KISH, GLORIA	73,487
KISH, TOMMI	69,220
KITCHEN, DONNA	75,360
KLATT, MELISSA	77,720
KLEPPE, LAURIE	63,840
KNIBBS, DAWN	58,567
KNIBBS, RELNA	72,021
KNOX, JENNY	58,135
KOBITZ, SHEILA	72,198
KOPEC, CANDACE	72,253
KOSIOR, DEBORAH	102,830
KOT, GRACE	92,368
KOWAL, CRYSTAL	80,279
KRAEMER, ELAINE	67,469
KRAEMER, MAUREEN	86,750
KUNTZ, BARB	77,969
KWOCHKA, TAMMY	79,637
KYRYLCHUK, JUDY	98,902
LABATTE, JANA	50,027
LAMONTAGNE, SHIRLEY	86,547
LANGENBERGER, SHIRLEY	54,248
LANKTREE, CARRIE	64,660
LANSDELL, LANA	53,331
LAROSE, MICHELLE	71,586
LARSON, JODY	74,656
LARSON, SHEILA	131,352
LAURENT, DEBRA	104,744

LAUTNER, FREDA 77,958
LAWRENCE, LEANNE 73,951
LAWRENCE NAYLEN, NANCY 60,581
LEBLANC, COURTNEY 78,344
LEBLANC, LEANNE 50,481
LEE, COLLEEN 106,963
LEE, JENNIFER 94,263
LEE, MICHAEL 99,185
LEMIEUX, JACQUELIN 72,459
LENFERNA , ALAIN 296,041
LESY, VAUNE 73,712
LITTLECHIEF, TARA 95,720
LODEN, CATHERINE 50,860
LONGLEY, YVETTE 55,555
LONOWAY, WESLEY 68,220
LOWE, JILL 58,635
LUECK, SHELLEY 60,554
LUSCOMBE, MICHELLE 95,157
LYONS, DANIEL 50,929
MAAS, BRIAN 87,964
MACPHEE, ALAN 93,431
MADDESS, HELEN 61,385
MAINS, AIMEE 57,175
MALIN, KATHLEEN 70,929
MALLORY, JOSEPHINE 89,943
MANNS, DANIEL 70,097
MANSKE, MARLENE 54,700
MANTEI, LANA 114,100
MARCOTTE, JANE 58,455
MARCOTTE, VANESSA 111,828
MARSH, KATHERINE 81,207
MARSHAK, ESTHER 86,416
MARSHALL, GWENDA 97,576
MARSHALL, PAULINE 52,951
MARTIN, J TRACY 64,686
MATSALLA, DONNA 78,919
MATTHEWS, ERICA 71,332
MAY, PATRICIA 104,771
MCCALLUM, TRENT 76,049
MCCLARTY, LEILA 104,771
MCFADDEN, KATHY 90,058
MCGILL, MEGAN 77,730
MCGONIGLE, DONNA 61,998
MCKAY, MONA 101,317
MCKEE, CHRISTOPH 83,863
MCKEE, PENELOPE 64,743
MCKELL, NICOLE 77,380
MCLEOD, IRENE 101,374
MCNEIL, KATHERINE 51,159
MCPHERSON, CAROLYNN 68,717
MEGENBIR, JOHN 77,578
MILLER, JOAN 101,743
MILLER, TROY 70,107
MILLER, WANDA 85,801
MILLER HERTES, SHELLEY 99,279
MILLIGAN, CONNIE 64,871
MILTON, JULIE 91,105
MINTO, LOGAN 58,324
MITTEN, MICHELE 95,640
MOHR, SUSAN 77,638
MOLDE, AMY ROSE 70,326
MOORE, DONNA 53,205
MORRICE, CINDY 55,688
MORRISON, DANA 103,774
MORROW, CARL 50,218
MULHALL, SHARON 94,801
MURPHY, CRYSTAL 79,999
MURRAY, JOHN 80,178
MUSELER, KERSTIN 75,085
NANKIVELL, CARRIE 55,309
NAULT, BETTY 68,287
NELSON, NAOMI 53,881
NICHOLSON, NOLA 69,828
NIMEGEERS, DEANNA 90,059
NOSTADT, AMBER 54,193
OBST, DEBORAH 104,832
OCHITWA, KAREN 103,435
OGDEN, REANNE 57,377
OLFERT, LARRY 74,681
OLSON, BRENT 56,180
OLSON, LEONARD 50,831
OLSON, LINDA 56,503
OLSON, WENDY 99,538
ONSTAD, DELINDA 100,336
OSIBOWALE, FUNMILAYO 81,134
OXELGREN, SONIA 120,503
PALMER, RAEANN 60,772
PANTELUK, LORI 91,689
PATERSON, MARNY 62,800
PAULSON, C GRANT 96,592
PEDERSEN, ANDREW 96,182
PENNEY, KIMBERLY 81,759
PETERSEN, LEAH 90,639
PETERSON, CAROLYN 78,687
PETTITT, MARK 81,858
PETTY, SHARI 69,487
PETZEL, LORNA 60,281
PICK, PAMELA 97,610
PICKERING, VALERIE 52,059
PIERCE COLBOW, DEANNA 96,842
PIERSON, COLETTE 51,568
PIERSON, KELLY 77,095
PINGERT, RHONDA 52,194
PLONKA, GRACE 52,603
POSPISIL, NONA 89,289
PRAGNELL, JESSICA 82,134
PRYZNYK, SHAWN 94,892
PURVIS, DIANA 98,342
RAJOTTE, TERRI 104,651
RAPITTA, CARMEN 81,510
REGEL, KELSEY 76,612
REID, DANICA 52,936
RESTAU, FLORIE 104,518
RIDDELL, BRENDA 67,393
ROBINSON, BRADLEY 81,089
ROCHAT, MARK 71,328
RODENBUSH, DALE 108,902
RODINE, NIKI 84,328
ROEMER, JOYCE 60,691
ROGERS, JOEL 70,554
RONQUILLO, YVONNE 117,369
ROR, LINDA 99,279
ROTHWELL, TRACEY 93,355
ROWE, EVELYN 95,753
ROWLEY, LISA 51,160
ROY, JASON 80,988
ROY, RICHARD 73,800
RUDY, MICHELLE 68,634
RUTTEN, WHITNEY 96,569
RYAN, AMY 72,576
SALMERS, MARLENE 82,052
SANDSTROM, CORINNE 91,075
SANGSTER, JANIS 92,322
SANGSTER, RHONDA 97,678
SANTOS, REYMOND 92,145
SATRE, TANIA 73,973

SAUNDERS, LESLIE	102,407
SAWIN, LORNA	103,286
SAXTON, AUDREY	75,731
SCHAFFER, MARY ANNE	69,190
SCHARNATTA, COLLEEN	80,657
SCHINDEL, KIMBERLY	75,917
SCHINDEL, SHARON	94,847
SCHMIDT, DEBBIE	67,576
SCHMIDT, JASON	78,511
SCHMIDT, LAURIE	72,474
SCHMIDT, LENNA	69,199
SCHMIDT, STEPHANIE	85,391
SCHULTZ, DUANE	111,771
SCHULTZ, LORRIE	86,523
SCOTT, REBECCA	67,667
SELLERS, BETTY	65,959
SETRUM, CHARMAINE	64,808
SHAVER, NORMA	106,470
SHAW, THOMAS	79,365
SHAY, DEBBIE	94,337
SHELSTAD, CAROL	97,454
SHEPPARD, DEBBIE	68,549
SHIER, CHELSIE	66,898
SIM, TWYLA	73,083
SIMPSON, SAMANTHA	68,881
SJARE, MIKE	84,582
SJOSTRAND, JANICE	104,101
SMITH, SANDRA	56,058
SMITH, SHERRI	58,558
SNIDER, DIETA	59,351
SOVDI, COLLEEN	74,634
SOVDI, JUDITH	96,564
SPEERS, LAURENDA	80,191
SPENCER, PENELOPE	53,621
SPENCER JOHNSON, SANDY	59,200
SPRECKEN, JASON	54,909
STEELE, KATHLEEN	113,553
STEIN, BRENDA	95,607
STEININGER, LIVIA	62,481
STEININGER, TERRY	99,279
STEPHANY, GENE	94,549
STOLZ, CELINE	98,804
STRELIEFF, HELEN	55,214
STRINGER, ROBERT	89,307
STRUBLE, ANNAMARIE	73,336
STUART, MARIA	78,826
STUBEL, MONIKA	59,047
STYLES, NANCY	50,409
SWERTZ, STELLA	86,050
SZAKACS, SHEILA	72,903
TAYLOR, KAREN	53,882
TAYLOR, KERI	64,286
TEDFORD, GARRY	78,643
TESTER, CHRISTINE	89,209
THERA, SHIRLEY	69,465
THOMPSON, GARRY	81,021
THOMPSON, RICHARD	68,998
THOMSON, SCOTT	101,791
THUEN, DEBORAH	102,265
TIFFEN, MONIQUE	83,192
TOURAND, DENISE	65,762
TREBICK GIBSON, CORINNE	85,801
TREBLE, MELVINA	58,015
TREMBLAY, LARAINE	103,408
ULMER, KIM	66,356
ULMER, THERESA	85,453
VALENTINE, DIANNA	51,309
VAN DER BREGGEN, GEORGE FR	77,062
VANDESYPE, JUDY	56,946
VEROBA, SARAH	96,593
VIERGUTZ, SUSAN	90,778
WAGNER, JANICE	72,822
WALL, RHONDA	82,844
WARD, COREEN	118,215
WARNER, APRIL	60,088
WARNER JOHANSON, SHEILA	70,759
WAROMA, KRISTIN	68,286
WARREN, NANCY	97,393
WATCHMAN, TAMMY	52,159
WATLING, JOSEPHINE	85,335
WATSON, FELECIA	117,888
WATSON, ROD	86,511
WEBB, BEVERLEY	53,254
WHEELER, SHIRLEY	99,451
WHYTE, DERRICK	103,404
WIELGOZ, CORRIE LY	53,510
WILES, LINDA	58,863
WILLEMSE, LUCILLE	68,652
WILSON, DIANNE	78,437
WILSON, LINDA	104,771
WILSON, TANNIS	109,613
WILTON, KELLY	68,783
WOLFE, DONNA	88,279
WOOD, LAURA	56,242
WRIGHT, BARBARA	68,794
WRIGHT, BERNADETT	104,771
WYSMINITY, LINDA	67,843
YOUNG, CHENOA	88,992
YOUNGHUSBAND, CHRIS	53,722
ZABOLOTNEY, KIM	54,596
ZADOROZNIAK, ECHO	63,536
ZAMBORY, TRACY	103,889
ZELIONKA, TIFFANY	59,466
ZENKAWICH, STEVEN	118,013
ZIMMERMAN, SHIRLEY	69,767
ZYLA, JILL	64,641

Transfers

Listed by program are transfers to recipients who received $50,000 or more.

Borderline Housing Co. Inc.	1,649,725
Canadian Mental Health Association	124,868
Fillmore Ambulance	77,610
Radville Marian Health Centre	3,471,507
SMILE Services Inc.	59,765
St. Joseph's Hospital	16,842,128
Supreme Ambulance (Carlyle)	379,187
Weyburn Group Home Society Inc.	265,804

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services including office supplies, communications, contracts and equipment.

Access Communications	73,853
Advanced Electronic Solutions Ltd.	70,048
Beckman Coulter Canada Inc.	119,373
Bunzl Distribution	157,798
C J Meyer Medical P.C., Inc.	498,442
Caltec Flooring Ltd.	103,873
Canadian Waste Services	60,547

Can-Med Healthcare	72,507
Cardinal Health Canada Inc.	74,450
Century Vallen	60,895
Charis Medical	167,573
City of Weyburn	79,517
CPDN	93,270
Crane Supply	78,060
Crestline Coach Ltd.	411,061
Diverse Systems Ltd.	214,836
eHealth Saskatchewan	108,491
Flynn Canada Ltd.	77,673
Fong, Dr. Philip	250,541
Grand & Toy Office Products	124,131
Great Plains Mechanical Ltd.	92,845
Healthmetrx Canada Inc.	61,182
Hill-Rom Canada Ltd.	194,381
Hiroc Insurance Services Ltd.	155,175
Honeywell Ltd.	200,870
Hospira Healthcare Corporation	131,556
Hudson, Dr. Shauna	222,436
IBM Canada Ltd.	1,694,533
Inland Audio Visual	63,995
Johnson & Johnson Medical Products	280,695
Justin's Drywall Ltd.	76,449
Ledcor Construction Ltd.	1,094,310
MacPherson Leslie & Tyerman	57,507
MacRae, Dr. Donald	75,954
Marsh Canada Ltd.	200,302
McKesson Canada	105,552
McKesson Distribution Partners	75,140
Medical Centre	51,809
Medical Professional Corporation	143,652
Medtronic of Canada Ltd.	84,613
Medius Restoration Services	556,214
MHPM Project Managers Inc.	239,400
Minister of Finance	973,073
New Estevan Regional Nursing Home Committee	192,321
Normandeau Roofing Ltd.	495,812
Oberholzer & N.W. Helms, Dr.'s	188,650
Olympus Canada Inc.	158,090
Optimum Roofing Inc.	144,771
Onugha, Dr. Edward	151,464
Oyebode, Dr. Omoniyi	504,420
Phillips Healthcare	128,158
Prairie Janitorial Supply Inc.	61,130
Pratt's Wholesale Sask Ltd.	103,694
QHR Software Inc.	67,648
Quality Life Services Inc.	331,608
Radiology Associates of Regina	321,762
Regina Qu'Appelle Health Region	160,514
Saputo Dairy Products Canada	141,380
Saskatchewan Power Corporation	1,126,745
Saskatchewan Telecommunications	391,590
SaskEnergy Incorporated	620,054
Schaan Healthcare Products	665,569
Sheikh, Dr. K.	87,532
Siemens Healthcare Diagnostics Ltd.	82,002
St. Joseph's Hospital	1,416,873
Stantec	1,797,904
Stevens Company Ltd.	107,069
Suncor Energy Products Partnership	71,041
Suberu, Dr. G. B.	606,935
Sysco Food Services West Inc.	799,685
The Border-line Housing Company (1975) Ltd	370,917
T.L. Penner Construction Inc.	1,091,961
Town & Country	113,062
Tyco Healthcare Canada Inc.	67,399
Vipond Fire Protection Inc.	54,864
Vitalaire Healthcare	58,034
Western Prime Meat Processors	83,704
Wilhelm Construction Services Inc.	212,897

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Canadian Union of Public Employees Employment Strategy Committee	96,222
Canadian Union of Public Employees Local 5999	854,979
Golden Opportunities Fund	144,897
Great West Life Assurance Company	531,543
Health Sciences Association of Saskatchewan	110,419
London Life	87,148
Public Employees Pension Plan	171,524
Receiver General for Canada	21,865,638
Royal Bank of Canada - Weyburn	61,223
Sask Works Venture Fund Inc.	258,418
Saskatchewan Association of Health Organizations	5,452,102
Saskatchewan Healthcare Employees Pension Plan	10,357,713
Saskatchewan Registered Nurses' Association	126,094
Saskatchewan Union of Nurses	330,303
Saskatchewan Workers' Compensation Board	1,477,925

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